

Chaffey Joint Union High School District

211 West Fifth Street, Ontario, CA 91762

(909) 988-8511



Dear Parent/Guardian:

The interscholastic athletic program offered by the Chaffey Joint Union High School District provides a worthwhile activity in which all high school students have an opportunity to participate. Such participation is, however voluntary and requires parental consent.

Please read the all of the forms provided and keep them for your record, complete and return the necessary forms in this packet. The signatures forms are to be completed by both the student athlete and parent or guardian and **MUST BE COMPLETELY FILLED OUT** prior to your student trying out for or participating in any sports or extracurricular activity.

PLEASE READ THE FOLLOWING FORMS AND KEEP FOR YOU REFERENCE

1. **Assumption of Risk and Hold Harmless Agreement - (PE-78)**
2. **Athlete Code of Ethics (PE 22) / Publicity Authorization (PE 82)**
3. **Medical Treatment Release Waiver / Authorization for Participation in Voluntary Off-Season Sports Programs. (PE 25)**
4. **Liability and Insurance Release (PE-75)**

INSURANCE: In order for your student athlete to participate in sports, you must maintain health and injury insurance at all times. The school and school district does not cover expenses resulting from injuries while attending or participating in any school activity.

The California Education Code requires that every student have at least \$1500 medical/hospital expense insurance in order to participate in interscholastic athletics (Education Code Sections 32220-32224).

WARNING: Myers-Stevens tackle football insurance does not cover other sports. If your student intends to participate in additional sports and you do not have insurance, Myers-Stevens offers the School Time Accident or Full-Time (24-hour) accident plan.

Under state law, school districts are required to ensure that all members of the school athletic teams have accidental injury insurance that covers medical and hospital expenses. The insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses (Education Code Section 32221.5). 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 California Healthy Families at (800)880-5305.

5. **CIF Concussion Information Sheet**

PLEASE COMPLETE THE FOLLOWING FORMS AND RETURN THEM TO YOUR ATHLETIC DIRECTOR OR TRAINER

6. **Health History and Pre-Participation Evaluation (PE 51 A-B)**
The health history portion should be completed prior to seeing the physician. The evaluation portion must be completed and signed by the physician, with the physician's office stamp at the bottom. The student athlete must pass the evaluation and have full clearance in order to participate in athletics. Pre-participation evaluations are good for one calendar year from the date of the exam. Note: Chiropractic exams are NOT ACCEPTABLE.
7. **Athletic Release of liability Signature form (PE 51-C)** Please complete this form, providing the necessary information and signature at the indicated spaces.
8. **Emergency Cards (PE 24 yellow & pink):** Please print clearly all requested information on the two cards (yellow/pink). Please provide emergency contacts, list allergies and medical conditions and list any other pertinent information.

TO AVOID POSSIBLE LOSS OR MISPLACEMENT PLEASE RETURN ALL COMPLETED PAPER WORK TO THE ATHLETIC DIRECTOR OR TRAINER. ALL INCOMPLETE PAPER WORK WILL BE RETURNED IN ITS ENTIRETY TO THE STUDENT ATHLETE AND WILL RESULT IN THE DELAY OF ELIGIBILITY. PLEASE DOUBLE CHECK FOR POSSIBLE OMISSIONS.

Name _____
Grade _____
Gender _____
D.O.B. _____
ID # _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

CHAFEY JOINT UNION HIGH SCHOOL DISTRICT

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

In consideration of being allowed to participate in the Chaffey Joint Union High School District (District) athletic program, both the student athlete and the parent/guardian must **carefully read the agreement below and sign the Signature Page.**

IMPORTANT: CURRENT HEALTH INSURANCE IS REQUIRED WHILE TRYING-OUT AS WELL AS PARTICIPATING AS A MEMBER OF THE TEAM. INSURANCE VERIFICATION WILL BE REQUIRED UPON ENROLLMENT INTO EACH SPORT AND MUST BE MAINTAINED THROUGHOUT THE DURATION OF EACH INTENDED SPORT SEASON. INSURANCE STATUS CHANGES MUST BE REPORTED TO THE SCHOOL SITE ADMINISTRATION IMMEDIATELY.

STUDENT

I am aware playing or practicing to play/participate in any sport or activities can be dangerous, involving MANY RISKS OF INJURY. I understand that the dangers and risk to play/participate in the athletic program include, but are not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular, skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risk of playing or participating to play/participate in the athletic program may result not only in serious injury, but in a serious impairment to my future abilities to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the athletic program, I recognize the importance of following instructions regarding techniques, training and other rules, and agree to obey such instructions.

In consideration of the school district permitting me to try-out for the high school's athletic teams within the District and to engage in all activities related to the team, including but not limited to, trying-out, practicing or playing in those activities, I hereby assume all risks associated with participation and agree to hold the school district, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, and cause of action, debts, claims, or demand of any kind an nature whatsoever which may arise by or in connection with my participation in any activities related to the high school athletic team indicated on the Signature Page. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all of the members of my family.

PARENT

In consideration of the school district permitting my child/ward to try-out for the High School's athletic teams within the Chaffey District and to engage in all activities related to the team, including but not limited to, trying-out, practicing or playing in that activity, I hereby assume all risk associated with participation and agree to hold the school district, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions and cause of action, debts, claims or demand of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in any activities related to the high school athletic team. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all of the members of my family

CHAFEY JOINT UNION HIGH SCHOOL DISTRICT / CIF

CODE OF ETHICS FORM

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is with this context that the following Code of Ethics is presented:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character; lose with dignity.

A student who is found to have violated the agreement of this regulation shall be restricted from participating in athletics and shall be subject to disciplinary procedures including, but no limited to, suspension or expulsion in accordance with the law, Board policy (5140) and administrative regulation (5140.2).

By signing the Signature Page, both the participating student athlete and the parents/legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the Chaffey Joint Union HSD policy regarding the use of illegal drugs will be enforced for any violations of these rules.

P.E. 22 (Revised 5/2013)

PUBLICITY AUTHORIZATION, WAIVER, RELEASE AND INDEMNITY AGREEMENT

By my signature on the Signature Page, I hereby give my permission for my child to be filmed, videotaped and/or photographed while participating in the activities listed on the Signature Page.

I fully authorize and grant the Chaffey Joint Union High School District (District) and its authorized representatives, the exclusive right, title and interest to print, copyright, photograph, record and edit as desired, re-use, publish, re-publish videotapes and/or photographic portraits, pictures or any other electronic and printed formats currently developed (herein referred to as "Recordings"), for the purposes stated or related to the above described activity. I hereby waive all rights to inspect or approve the finished project or products or the advertising copy of printed matter that may be used in connection with or the use to which it may be applied. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent/guardian.

As a condition of my child's participation, I agree to waive all claims against the District and to indemnify and hold the District, its Board, officers, agents, and employees harmless from any and all liability or claims, demands, losses, causes of action, including attorneys' fees, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any personal injury, bodily injury, or property damage or loss that may arise out of or in any way be connected with the use of these Recordings or the activity described on the Signature Page. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

PE 82 Revised 5/2013

CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT

MEDICAL TREATMENT AUTHORIZATION WAIVER, RELEASE AND INDEMNITY AGREEMENT; ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY OFF-SEASON SPORTS PROGRAM

Activity: Off-season Athletic Sports

NOTE: SCHOOL DISTRICT TRANSPORTATION IS NOT PROVIDED AND IS THEREFORE THE RESPONSIBILITY OF THE PARENT

By my signature on the Signature Page, I hereby give permission for my child/ward to participate in the listed activity. I realize that this activity is voluntary as part of the **CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT** (District) sports program. I understand that this activity could cause serious illness or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent/guardian has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity.

I understand that before my student is permitted to take part in any off-season sport program he/she must provide the following records: Physical Examination/Health History and Acceptable Evidence of Insurance. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the child named on the Signature Page to participate in the activity listed, the signer hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The signer does for him/herself, his/her heirs, executors, administrators and assignees hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assignees prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by negligence of any of said persons, or otherwise.

The signer hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the stated activity. I have read and understand the foregoing and do voluntarily sign this agreement. I am aware of the potential risks involved in listed activities and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

PE 25 Revised 5/2013

CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT

LIABILITY AND INSURANCE RELEASE

CONSENT TO TREATMENT OF A MINOR

In such connection, we authorize such caring adult(s) to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of a physician and/or surgeon licensed under the Medical Provisions Act, or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed by under the provision of the Dental Practice Act. If in another state or country, under the provision of the law in that state or country governing the practice of medicine. I also authorize care and prevention by the athletic trainer(s) and first aid by the assigned coaches.

Whether on any such occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provision and limitation, under the same kind of circumstances within the full discretion, and in the course of the same kind of responsible deliberation as we as such minor's parent and/or guardian would have considered it . We further authorize such caring adult to arrange for and hire ambulance or other emergency vehicle to transport, at our expense, such minor to a suitable place where medical or dental care is provided.

AUTHORIZATION FOR ATHLETIC TRAVEL

WAIVER OF CLAIMS-California Education Code Section 35330 states that governing board may:"Conduct field trips or excursions in connection with the course of instruction of school related social, educational, cultural, Athletic, or school band activities to/ from places in the state, any other state, the District of Columbia, or foreign country for pupils enrolled in elementary or secondary schools".

This code further states that "all person making the field trip or excursion shall be deemed to have waived all claims against the District, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state trips or excursions shall sign a statement waiving such claims".

INSURANCE AFFIDAVIT

Before your son or daughter can be issued equipment or authorized to participate in interscholastic athletics, health and injury insurance coverage in accordance with Education Code Sections 32220 through 32224 must be obtained and remain current throughout the duration of the school year in which your son/daughter intends to participate.

I understand that insurance coverage required by the Education Code Sections 32220 through 32224 includes insurance protection for medical and hospital expenses resulting from accidental bodily injury in an amount of at least \$1500.00 for all such services. I further understand that the aforesaid law requires that the above coverage apply to members of athletic teams arising while such members are engaged in or preparing for an athletic event promoted under the sponsorship or arrangement of the school district or student body association, or while such members are being transported by or under the sponsorship of the school district or student body association, to or from school or other places of instruction and place of an athletic event.

In the event of an accident or sudden illness, while participating in the described athletic activity, I/we authorize the Chaffey Joint Union High School District to render or obtain whatever medical services may be deemed necessary for the above named student. I/we understand that the District has no insurance covering such medical or hospital costs incurred by students and therefore, any costs incurred for treatment arising from injuries resulting from participation in this activity shall be my sole responsibility. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action).

I/we the parents/guardian of the aforementioned student athlete have read and understand the above statement and do consent to the medical treatment of a minor when deemed necessary, and further understand that I/we are required to maintain current health and injury insurance coverage as stated above and authorize for athletic travel to and from athletic contests. I/we also declare under penalty of perjury that the foregoing information provided is true and correct.

P.E. 75 (Revised 5/2013)

Chaffey Joint Union High School District

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

<ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain<ul style="list-style-type: none">• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment
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Signs observed by teammates, parents, and coaches include:

<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination`• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness
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Chaffey Joint Union High School District

Concussion Information Sheet Cont.

What can happen if my child keeps on playing with a concussion or returns to 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 athlete will often under report 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/>

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

Chaffey Joint Union High School District
ATHLETIC EMERGENCY INFORMATION CARD*

Name _____
Last First Middle Sex Grade Birth Date

Home Address _____ Home Phone _____

Student ID # _____ Living with Father Mother Both Guardian

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT CONTACT

1. Name Father/guardian _____ Place of Employment _____
 Work Phone _____ ext. _____ Alternate # _____

2. Name Mother/guardian _____ Place of Employment _____
 Work Phone _____ ext. _____ Alternate # _____

Emergency Contact

Contact 1. Name _____ Relationship _____
(Name of Neighbor or Local Relative)
 Phone _____ Alternate# _____

Contact 2. Name _____ Relationship _____
(Name of Neighbor or Local Relative)
 Phone _____ Alternate# _____

Family Doctor _____ Phone _____
(Name)

Health Plan: Kaiser Blue Cross Medi-Cal Other _____ Plan/Medi-Cal # _____

I give my permission for school authorities to bill Medi-Cal and/or my medical insurance for medical services rendered at the school site. Yes No

THE DISTRICT DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE FOR SCHOOL ACCIDENTS.

If an emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps needed to protect the health of this student.

Does this student have a known health condition which may affect him in school? NO YES (Please explain on reverse side.)

DATE _____ Signature of Parent or Guardian _____

PE 24 (Rev.5/09)

MEDICAL ALERT
 (CONDITIONS REQUIRING SPECIAL MEDICAL CARE)

1. Any health problems or illness/ accident/ chronic condition (allergies, bleeder, diabetes, frequent fainting, heart condition, etc)

Please Explain _____

2. Any history of seizures? Yes No If yes explain _____

3. Emergency Medication (name) _____

Reason _____

Allergies to medication (name) _____

EMERGENCY USE ONLY

Time	RESP	PULSE	BP	LOC	GCS	R PUPILS L	SKIN	STATUS
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labor	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp		<input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> No-Reaction <input type="checkbox"/>	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> E <input type="checkbox"/> S
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labor	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp		<input type="checkbox"/> Normal <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Constricted <input type="checkbox"/> <input type="checkbox"/> No-Reaction <input type="checkbox"/>	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Cyanotic <input type="checkbox"/> Moist <input type="checkbox"/> Flushed <input type="checkbox"/> Dry <input type="checkbox"/> Jaundiced	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> E <input type="checkbox"/> S
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Chaffey Joint Union High School District
ATHLETIC EMERGENCY INFORMATION CARD*

Name _____
Last First Middle Sex Grade Birth Date

Home Address _____ Home Phone _____

Student ID # _____ Living with Father Mother Both Guardian

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT CONTACT

1. Name Father/guardian _____ Place of Employment _____
 Work Phone _____ ext. _____ Alternate # _____

2. Name Mother/guardian _____ Place of Employment _____
 Work Phone _____ ext. _____ Alternate # _____

Emergency Contact

Contact 1. Name _____ Relationship _____
(Name of Neighbor or Local Relative)
 Phone _____ Alternate# _____

Contact 2. Name _____ Relationship _____
(Name of Neighbor or Local Relative)
 Phone _____ Alternate# _____

Family Doctor _____ Phone _____
(Name)

Health Plan: Kaiser Blue Cross Medi-Cal Other _____ Plan/Medi-Cal # _____

I give my permission for school authorities to bill Medi-Cal and/or my medical insurance for medical services rendered at the school site. Yes No
THE DISTRICT DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE FOR SCHOOL ACCIDENTS.
If an emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps needed to protect the health of this student.

Does this student have a known health condition which may affect him in school? NO YES (Please explain on reverse side.)

DATE _____ Signature of Parent or Guardian _____

PE 24 (Rev.5/09)

MEDICAL ALERT
 (CONDITIONS REQUIRING SPECIAL MEDICAL CARE)

1. Any health problems or illness/ accident/ chronic condition (allergies, bleeder, diabetes, frequent fainting, heart condition, etc)
 Please Explain _____

2. Any history of seizures? Yes No If yes explain _____

3. Emergency Medication (name) _____
 Reason _____

Allergies to medication (name) _____

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