



Preparing Career Ready Graduates

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MEMORANDUM

DATE: JUNE 1, 2021

TO: ALL FUSD PARENTS/ GUARDIANS

FROM: ANDREW DE LA TORRE, DIRECTOR
BENEFITS AND RISK MANAGEMENT

SUBJECT: 2020/2021 STUDENT INSURANCE PROGRAM
ENROLLMENT IS NOW ON-LINE

Fresno Unified School District does not provide medical coverage for your child. This means you are responsible for medical bills if your child gets hurt during school activities. Any expense incurred when the school calls for emergency medical help is the responsibility of the child's parent/guardian.

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 students 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 1-800-880-5305.

We are pleased to make available to you, accident insurance coverage through Student Insurance Company of Los Angeles <http://www.studentinsuranceusa.com>. With this link, you will be able to view the different coverage options and prices available to you.

If you are interested, you can log in and sign up for the selected coverage and your child will be covered on the same day it is purchased. For students who participate in athletics, we recommend the middle or upper ranges of coverage plans.

If you have questions regarding coverage options, call Student Insurance Company directly at (800) 367-5830. Please do not call the school.

Fresno Unified School District makes this accident insurance available to you as a public service and is not in any way connected with the Student Insurance Company or its representatives.

EXTRACURRICULAR ACTIVITIES

STUDENT PARTICIPATION

CONSENT AND WAIVER-RELEASE FORM

In consideration of my permission for the student named below to participate in the activity indicated below, the undersigned Parent/Guardian 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 my student 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. I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Fresno Unified School District, its Governing Board of Trustees, officers, employees, and agents for liability based on any and all claims including, but not limited to, for personal injury, bodily injury, property damage or wrongful death occurring to my student 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 from whatever period said activities may continue.

I acknowledge that my student has been advised of all safety rules pertaining to the activity and the use of protective equipment, if any, by participants. I fully understand that participants are to abide by all rules governing conduct during the activity and that reasonable efforts are made to avoid the potential for accidents and injuries.

I also acknowledge that participants will engage in various physical and practical training, competitive athletics, or other interactions with others involving a variety of indoor and outdoor environments, physical interactions, physical contact, and other mobile activities. The specific risks vary from one activity to another, but the risks range from, for example: 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as fractures, dislocations, back injuries, heart attacks, heat stress, and concussions, 3) injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19, and 4) catastrophic injuries including paralysis and death. I know, understand, and appreciate these and other risks are inherent to the activity in which my student will engage and/or to the environment where interactions will occur.

I agree to indemnify and hold harmless the Fresno Unified School District, its Governing Board of Trustees, officers, employees and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's participation in the activity indicated. The Parent/Guardian further expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I acknowledge that we knowingly, voluntarily, and expressly assume all risks of personal injury, bodily injury, property damage or wrongful death occurring to my student arising in any way whatsoever as a result of engaging in the activity indicated or any incidental activities wherever or however they may occur and for whatever period the activities may continue.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I represent and warrant that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Student Name: _____ Activity/Sport: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event my student should require emergency medical attention due to illness or injury, I consent to any transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary by health care professionals for the safety and welfare of my student. I further understand that, as parent/guardian of student, I will be responsible for any and all resulting and related expenses.

Parent/Guardian Signature _____ Date _____



All Students will engage in arts, activities, and athletics.

FRESNO UNIFIED SCHOOL DISTRICT STUDENT-ATHLETE EXPECTATIONS

Athletics is not a right; it is a privilege. The benefits from participating in extra-curricular and interscholastic activities are as important as your academic endeavors. Good character, sportsmanship, ethics, and integrity are priorities in our programs. Remember, you are constantly in the public eye, a leader today, and source of pride for family, friends, and the community.

- 1) Be courteous and have fun
- 2) Always exercise self-control
- 3) Student-Athletes will not use abusive language
- 4) Exemplify fairness and good sportsmanship
- 5) Win with character, lose with dignity, and never quit
- 6) Play hard, yet play within the rules
- 7) Respect officials and accept their decisions without gesture or argument
- 8) Respect opponents. Taunting and baiting will not be tolerated
- 9) Hazing and bullying will not be tolerated
- 10) Have good health habits and abide by the training rules
- 11) The use of intoxicants, tobacco, illegal and non-prescription drugs, anabolic steroids, or any substance to increase physical development or performance, or the sale and/or possession of them, will not be tolerated
- 12) Student-Athletes must comply with the Board of Education Polices, District Regulations, State Education Code, School Polices and Rules, and the rules set forth by the California Interscholastic Federation

“Compete... for life”

ENFORCEMENT OF EXPECTATIONS

- 1) Student-Athletes who fail to comply with the expectations may be declared ineligible to participate in school activities by the administration.
- 2) Each school will establish an Appeal Review Panel and student-athletes may seek a hearing before this panel. The administration reserves the right to prohibit a student-athlete from participation in other school activities when deemed appropriate. Violations which occur when a student-athlete is not under the supervision of the school may be considered for penalties.

Violation:	Penalties:
1. Not meeting student-athlete expectations	Conference
2. Not meeting student-athlete expectations repeatedly	Probation
3. Minor violation; not suspended from school, but not meeting student-athlete expectations	Suspended from all activities 1-14 days
4. Major violation; suspended from school	Suspended from all activities 14 consecutive days and not more than one calendar year
5. Ejection from contest	Automatic suspension of one contest
6. Second ejection from contest during same season	Automatic suspension of two contests
7. Third ejection from contest during same season	Automatic suspension from all athletics for one calendar year

PHYSICAL ASSAULT

Any student-athlete who physically assaults a game or event official shall be banned from interscholastic athletics for remainder of the student-athlete’s eligibility. A game or event official is defined as a referee, umpire, administrator, or any official assigned to interpret or enforce rules of competition at an event or contest. A student-athlete may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

PLEASE NOTE: Both the parent/guardian and student-athlete must sign this form. **Parent/Guardian:** I have read and understand all of the items on this Form. I understand my son/daughter must adhere to all Fresno Unified School District Student-Athlete Expectations and give permission for my son/daughter to participate in athletics. **Student-Athlete:** I have read and understand I must adhere to all Fresno Unified School District Student-Athlete Expectations on this form.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

STUDENT SIGNATURE _____ DATE _____



All Students will engage in arts, activities, and athletics.

FRESNO UNIFIED SCHOOL DISTRICT STUDENT-ATHLETE EXPECTATION VIOLATIONS

MINOR violations are defined as those that do not require suspension from school. Code of Ethics violations that occur when the student-athlete is not under the supervision of the school may be considered for MINOR violations.

Any student-athlete who commits a MINOR violation of the Code of Ethics or Fresno Unified School District Student-Athlete Expectations may be immediately suspended from all activities for a period ranging from one (1) day to two weeks (14 days). The penalty may be imposed by the coach, athletic director, or school administration.

MAJOR violations are defined as those that result in suspension from school. Code of Ethics violations that occur when the student-athlete is not under the supervision of the school may be considered for MAJOR violations.

Any student-athlete who commits a MAJOR violation of the Code of Ethics or Fresno Unified School District Student-Athlete Expectations will be suspended from athletics for a period of not less than two weeks (14 consecutive days), and not more than one (1) calendar year. This penalty must be imposed by the school administration and/or athletic director. The penalty starts on the first day of the school suspension, or on the day a Code of Ethics Violation occurred when the student-athlete was not under the supervision of the school.

Student-Athletes and Parent/Guardians have a right to appeal the athletic suspension.

Example: A student-athlete left campus during lunch. The student-athlete went to another campus, started trouble, and was suspended on a Tuesday. The school suspension was for three (3) days. The student-athlete then had to be suspended from all athletic activities for a period of not less than two weeks (14 consecutive days), and not more than one calendar year. In this case, the school administration suspended the student-athlete from all athletic activities for the minimum of two weeks.

The student-athlete requested an appeal on Wednesday. The appeals panel decided to reduce the athletic suspension to one week and allow the student-athlete to practice with his team at the conclusion of their three (3) day school suspension. Therefore, the student-athlete started practicing with the team on Friday (the day they returned back to school from their suspension), was suspended from playing in the game on Friday, but was able to play on the following Tuesday, since their one-week athletic suspension was over.

California Interscholastic Federation - Central Section

Jim Crichlow-Central Section Commissioner

P.O. Box 1567, Porterville, CA 93258

Phone (559) 781-7586 FAX (559) 781-7033

ETHICS IN SPORTS

I. Policy Statement

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations, which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

II. Code of Ethics

- a. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- b. To eliminate all possibilities which tend to destroy the best values of the game.
- c. To stress the values derived from playing the game fairly.
- d. To show cordial courtesy to visiting teams and officials.
- e. To establish a happy relationship between visitors and hosts.
- f. To respect the integrity and judgment of sports officials.
- g. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- h. To encourage leadership, use of initiative and good judgment by the players on a team.
- i. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.
- j. To remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan, or nation.

I have read and I understand the Policy Statement, the Code of Ethics and the violations and Minimum Penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.

– Student Signature

Printed Name

Date

– Parent Signature

High School

III. Violations and Minimum Penalties

ACT	PENALTIES
1. First ejection of player or coach from a contest or SCRIMMAGE for unsportsmanlike conduct.	Ineligible for the next CIF contest (league, non-league, tournament, invitational, playoff, etc. scrimmage excluded). The next contest could be the second game of a doubleheader or even the next season of sport. Athletes competing in concurrent sports would be ineligible for both sports.
2. Second ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.	Ineligibility for next two CIF contests as above will carry over the next season of sport.
3. Third ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct	Ineligibility for all CIF contests for one calendar year (365 days). Any appeal must go through the CIF Eligibility Committee.
4. Any players that leave the “bench” area to begin a confrontation or leave these areas during an altercation.	Ejection from the contest for those players designated by officials. The contest may be terminated by the officials. One or both teams may forfeit the contest.
5. When players leave the bench area to begin a confrontation or leave the bench area during an altercation and in the opinion of the officials, the situation is out of control.	Contest stopped, ejection from the contest for those players designated by the officials. The team(s) that left the bench area must forfeit contest, record a loss, and the team(s) and players will be put on probationary status for the balance of the season. A second similar infraction during the season of sport will result in cessation of the sport for the team(s) and/or players. If the act occurs at the end of the season, the probationary period will extend to the next year’s season of sport. Any appeal would have to be made to the CIF Executive Board.
6. Illegal participation in next contest by player ejected in previous contest.	Ineligibility for remainder of season for player. Forfeiture of contest.
7. Illegal placement of ejected player or illegal participation by coach ejected in previous contest.	Constitution and sport governing rules and procedures for a coach who knowingly violates CIF or Section Rules.
8. Any acts of a more serious nature by individuals or teams or situations not specifically covered by this policy or the Constitution or Governing Rules.	Area Commissioner may determine and implement penalties for individuals and teams not otherwise specified by CIF Central Section Constitution and Bylaws.
9. If act occurs in CIF Section Finals and both teams are charged with a forfeit.	After deliberation by the CIF and a double forfeit is in order, there will be no champion.
10. An ejected coach must leave the site of the contest. The coach may have no contact with his/her team from that point on. If there is no certificated replacement for the coach, the contest is halted and the game is forfeited. The coach must also sit out the next contest and cannot attend the contest or have any contact with the team during the contest. The coach may be allowed to participate in practices on days other than the day of the contest.	
11. An ejected player may stay on the bench for the remainder of the contest for supervision reasons. Further disruption by ejected players may force them to be removed from the site. This could lead to a forfeit. Players ejected must sit out the next contest, but may sit on the bench in street clothes.	

APPEALS PROCEDURE – First and Second Ejection

All appeals MUST come from the school Principal or his/her designee. Only misidentification and misapplication of a rule may be appealed. NO JUDGMENT DECISIONS by officials may be appealed.

PHYSICAL ASSAULT

CIF State Constitution, Article 5, Section 522. Any student who physically assaults the person of a game or event official shall be banned from interscholastic athletics for the remainder of the student’s eligibility. A game or event official is defined as a referee, umpire or any other official assigned to interpret or enforce rules competition at an event. A student may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

For this document, the Central Section also includes coaches, administrators or other school personnel assigned to the contest or games as a game official.

**FRESNO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE INFORMATION AND PERMISSION SLIP
MIDDLE SCHOOL SPORTS**

2021-2022

In order for your son/daughter to participate in athletics, he/she must be covered for the following:

MEDICAL AND HOSPITAL INSURANCE FOR AT LEAST \$1500.00

Please indicate below which of the insurance plans available through the school you wish to purchase and fill out the attached insurance envelope. If you have your own insurance, fill in #2.

1. All Interscholastic Sports (Tackle Football Excluded)

	<u>Low</u>	<u>Mid</u>	<u>High</u>
School Hours	\$14.00	\$28.00	\$43.00
24 Hours	\$82.00	\$105.00	\$210.00

2. Own Insurance:

Medical _____
Company Name and group or Policy Number

I, as parent or guardian of _____, a student at _____ Middle School give my permission for him/her to participate in the following activities: _____.

I hereby acknowledge that I have been informed that pursuant to the provisions of Education Code Sections 32220-24, et.al. amended by the 1981 State Legislature, the governing boards of the various school districts shall NOT require that each member of an athletic team have \$1500.00 for accidental death. At least \$1500 hospital coverage arising while such members are engaged in, or preparing for, an athletic event promoted under the sponsorship or arrangements for the educational institution or a student body organization IS required.

It is my understanding that my child must be protected by insurance in order to participate as a member of an athletic team. It is further my understanding that I may purchase, through the school, a special insurance policy for football and a special student accident policy which will protect my child for all other sports under the provisions of the law, but that in lieu of purchasing a special insurance policy I, as parent or guardian, may provide insurance for my child.

This is to certify that my child is protected under insurance, and that I hereby agree to indemnify and hold the Fresno Unified School District harmless against responsibility for insurance coverage required under aforementioned legal sections.

→PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

INFORMED CONSENT

There have been many improvements in coaching techniques and the National Rules Federation reviews game rules annually to make appropriate changes for the athlete's safety. Advances in Sports Medicine in recent years also contribute to that end. It is the utmost importance to you, the player, to know the rules and play within the spirit of those rules for your own safety.

It is also important, however, for the player and the parents to realize that injuries can occur and occasionally they can be catastrophic. Catastrophic means permanent, serious injury such as paralysis-partial or total, and even death. It is possible for this to happen to you and it is important for you to fully understand this before participating in this sport.

I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND ITS IMPLICATIONS. AS A PARENT/GURARDIAN, I ALSO GIVE MY PERMISSION TO TRANSPORT MY SON/DAUGHTER TO ATHLETIC CONTESTS ON DISTRICT APPROVED TRANSPORTATION.

→PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

→STUDENT SIGNATURE: _____ DATE: _____

DO NOT MAIL THIS FORM – INTERNAL DOCUMENT – TO BE KEPT ON FILE AT SCHOOL



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

FRESNO UNIFIED SCHOOL DISTRICT
COVID-19 TESTING CONSENT AND RELEASE

On behalf of myself and my minor child, I understand that Fresno Unified School District ("District"), in coordination with Fresno County Department of Public Health (FCDPH), is offering onsite testing for SARS-CoV-2, the virus that causes COVID-19, to its students, for purposes of school and workplace safety and compliance with guidance related to participation in extra-curricular activities. I understand that testing through this program will require no out-of-pocket expense, is voluntary and is intended to mitigate the direct threat of a COVID-19 spread in my school, at school connected events or extra-curricular events my minor child may participate in.

I hereby provide consent for my child to undergo sample collection and testing administered on behalf of the District. The testing procedure will generally be as follows: (1) Covid-19 specimen collection (lower nasal) will be available at the school collection site; (2) After collection, the specimen is processed by District staff. (3) Appropriate privacy and sanitary measures are in place to provide a safe collection environment.

On behalf of myself and my minor child, I acknowledge that it is my responsibility to inform the person conducting the test if my child has a physical or mental condition that will interfere with the test procedure or if my child requires some type of assistance or accommodation to undergo the test.

On behalf of myself and my minor child, I authorize and consent to the District disclosing my COVID-19 test results to the FCDPH as well as the California Department of Public Health. I understand that my results will only be disclosed to those employees within the District who have a business need to know such results for purposes of school and workplace safety, compliance with testing protocols and/or to avoid transmission of COVID-19 at District schools, school connected events or extra-curricular events. Except as set forth in this document, or as otherwise required by applicable law, I understand that my child's COVID-19 test results will remain confidential.

If my child tests positive for COVID-19, I understand that my child will be asked to immediately leave District property and that I will immediately need to arrange for pick-up of my child. I will be asked to follow any applicable guidelines issued by the CDC, the State of California, and/or any local department of public health before allowing my child to return to school.

On behalf of myself and my minor child, I knowingly and voluntarily release in advance all claims that I may have against and the District and all medical or other professionals who administered the test, resulting from or arising out of, either directly or indirectly, the test unless the claim is caused by a willful act or omission that constitutes gross negligence or intentional misconduct.

On behalf of myself and my minor child, I further agree that any such claim will only be asserted against the person or entity that willfully acted or omitted to act in a grossly negligent manner or engaged in intentional misconduct and I will not assert any claim against any other person or entity based on the concepts of agency, vicarious liability, or any other claim or theory that another is responsible in whole or in part for the acts or omissions of the wrongdoer. This release shall bind my heirs, executors, administrators, and assigns.

With respect to athletics, the State of California recently announced that effective 2/26/21, moderate-contact and high-contact youth and adult recreational sports may resume, including competitions, if permitted by local health authorities and if in compliance with Fresno County and State requirements for these sports. The district is taking reasonable measures to prevent the spread of COVID-19 infection, including testing, tracking/tracing, and following applicable State and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Athletes and their families must be aware of and acknowledge the risks before participating in athletics.

By signing below, I acknowledge that I have fully read and understand the above COVID-19 Consent and Waiver and am voluntarily signing it and agreeing to all its terms. I further acknowledge and agree that I have had an opportunity to ask any questions about this form before signing it.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the District to use and/or disclose all results of SARS- CoV-2 testing administered to me to Fresno Unified School District and specific school authorized parties (collectively “Recipients”). The purpose of the authorized use or disclosure of my testing results is to facilitate safety with the Recipients and aid the Recipients in evaluating and responding to COVID-19 risks to my child and other students and staff. I understand that:

- On behalf of myself and my minor child, I have the right to revoke permission for the release of my child’s testing information at any time. The revocation must be made in writing to the District and will not affect information that has already been used or disclosed. In the event I revoke permission for the release of my child’s testing information to FCDPH or District, my students ability to participate in extra-curricular events or activities where guidance from State and/or local authorities otherwise requires testing for SARS-CoV-2, will cease.
- This authorization is in effect for the duration of the District’s COVID-19 testing program and will end automatically when the District ceases its on-site COVID-19 testing program.
- Information used or disclosed pursuant to this authorization may be redisclosed by the recipient when required by law and may no longer be protected by federal or state law.
- I have the right to receive a copy of this authorization.

_____ Student Name (Print)

_____ Parent/Guardian Name (Print)

_____ Parent/Guardian Signature

_____ Date:

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ ID# _____ Date of birth: _____

PHYSICIAN REMINDERS

1. 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, e-cigarettes, 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-enhancing 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?

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal		
Lymph nodes		
Heart <i>a</i> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, CPNP

PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

Name: _____ Date: _____ Student Id: _____

Sport(s) requesting clearance for: _____

HT _____ WT _____ BMI% _____ B/P _____ R / L P _____ RR _____ T _____

Hgb _____ Vision Pass/Fail Corrected Y N Hearing RT _____ LT _____

HR after exercise _____; 2 min rest _____ Normal / Abnormal Recovery

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with **recommendations** for further evaluation or treatment of _____

Not medically eligible pending further evaluation of _____

Not medically eligible for any sports _____

Recommendations:

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) listed on this form. If conditions arise after the athlete has been cleared for participation, the practitioner may rescind the medical eligibility until the problem is resolved.

Name of practitioner (print): _____ Date: _____

Address: _____ Phone: _____

Signature of practitioner: _____, CPNP

EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Pertinent health information: _____

Keep Their Heart in the Game

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

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

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

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

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

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

What is an AED?

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



The Cardiac Chain of Survival

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

Early Recognition of Sudden Cardiac Arrest



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

Early Access to 9-1-1



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

Early CPR



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

Early Defibrillation



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

Early Advanced Care



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

Keep Their Heart in the Game

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

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

Potential Indicators That SCA May Occur

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

Factors That Increase the Risk of SCA

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

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds 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.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

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

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

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

