



Home of the Mountain Lions

2017-2018 Sport Participant Packet

Please return all required forms

- Health and Information Sheet
 - Sport Permission Slip
- Concussion Information Sheet
- Emergency Information Form
- Request to Administer Medication
- Sudden Cardiac Arrest Acknowledgement

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Originals to AD/ Copy to Registrar for Cumulative File

Sport Participant Packet

Health Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

In case of emergency please contact: _____ Relationship: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Family Doctor: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Company: _____ Policy: _____

Any known allergies or drug reactions? _____

Any special needs or restrictions? _____

I hereby give permission for my son/daughter to receive emergency medical treatment from a physician in the event of injury or illness. _____ (parents initial)

Signature: _____ Date: _____

Special Notes: _____

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling (800) 300-1506.

Sport Permission Slip 2017-2018

Dear Parents,

With your permission, your son/daughter, _____, will be participating in the following Sport(s) (check all that apply) with Gold Rush Charter School:

- Cross Country
- Girls Basketball
- Boys Basketball
- Girls Volleyball
- Wrestling
- Track

PLEASE ARRANGE TO PICK UP YOUR CHILD/CHILDREN AT THE PROPER TIMES TO AND FROM THE SPORTING ACTIVITY FOR GAMES AND PRACTICES.

To the Principal of Gold Rush Charter School:

My son/daughter, _____, has permission to participate in the Sport(s) as stated above.

I, the parent/guardian of the above child, assume any responsibility for allowing him/her to participate. I am specifically aware and confirm by executing this document that I am aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that my child may injure himself or herself, or be injured by other participants related to the activity. I am specifically aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

Consent is also given for any licensed physician or surgeon to give medical attention, to administer such treatment, drugs and medicines, and to perform such surgical procedures as he shall think the existing emergency requires for the relief of pain, and to preserve his/her life and health.

I, the parent/guardian, agree to hold Gold Rush Charter School (teachers, administrators, contractors, Board of Directors, Etc.) harmless from all claims, including but not limited to claims of personal injury, bodily injury, property damage or wrongful death arising out of my child participating in this sport. I have read foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Date

Parent/Guardian

2017-2018 CONCUSSION INFORMATION SHEET

(Applicable Only for the Current School Year)

A concussion is a type of brain injury and all brain injuries are serious. A concussion can be 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. It 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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion may show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion listed below, or if you notice the symptoms or signs of concussion yourself, your child should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, determines that your child is symptom-free and able 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 (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events prior to hit or fall	Confusion
Can’t recall events after hit or fall	Just not “feeling right” or “feeling down”

Concussions affect people differently. While most athletes with 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. In rare cases, a dangerous blood clot may form on the brain 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 she/he exhibits any of the following danger signs:

One pupil is larger than the other	Convulsions or seizures
Is drowsy or cannot be awakened	Cannot recognize people or places
Weakness, numbness, or decreased coordination.	Repeated vomiting or nausea
Slurred speech	Has unusual behavior
A headache that not only does not diminish, but gets worse	Becomes increasingly confused, restless, or agitated
Loses consciousness	

WHY MUST AN ATHLETE BE REMOVED FROM PLAY AFTER A CONCUSSION?

If an athlete has a concussion, his/her brain needs time to heal. Continuing to play while the brain is still healing 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 young athletes 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

If you suspect that your child has a concussion, remove him/her 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 written medical clearance. Do not try to judge the severity of the injury yourself. Close observation of the athlete should continue for several hours. 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.

California Education Code 4947 5 and the California Inter Scholastic Federation (CIF) Bylaw 313 require implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student athletes:

Any athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider who is trained in the management of concussion and is acting within the scope of his or her practice. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from that licensed health care provider. If the licensed health care provider determines the athlete has a concussion or head injury, the athlete shall also complete a graduated return-to-play protocol of no less than 7 days in duration under the supervision of a licensed health care provider.

It’s better to miss one game than miss the whole season.

For more information, visit: <http://www.cdc.gov/headsup/youthsports/index.html> (Centers for Disease Control and Prevention) or http://www.cifstate.org/sports-medicine/concussions/student_parents (CIF)

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

2017-2018 Emergency Information Form – Sport Participants

STUDENT'S LAST NAME		FIRST NAME		MIDDLE
BIRTHDATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE
PHONE NUMBER		STUDENT LIVES WITH		
STUDENT'S HOME ADDRESS		CITY	STATE	ZIP
STUDENT'S MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
PARENT'S/LEGAL GUARDIAN'S LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT	
ADDRESS (IF DIFFERENT THAN STUDENT)		CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL ADDRESS	
EMPLOYER		CITY	WORK PHONE	
If you are unable to reach me during any emergency, you are authorized to contact and release my child to any of the following:				
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAMES OF OTHERS AUTHORIZED TO PICK UP MY CHILD:				
NAME	RELATIONSHIP	PHONE NUMBER		
DOCTOR	PHONE NUMBER	PREFERRED HOSPITAL		
ALLERGIES	MEDICAL CONDITIONS			
MEDICATIONS**				
**Note: During the school day, students are not permitted to keep medications in the classroom, in their backpack, or on their persons. All medications must be checked in to the office, with written authorization given to staff.				
MEDICAL INSURANCE CARRIER		ID#	PRIMARY INSURED	
In the event of an illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that I hold Gold Rush Charter School, its officers, agents and employees, harmless from any and all liability or claims. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.				
PARENT/GUARDIAN (PLEASE PRINT)		PARENT/GUARDIAN SIGNATURE		DATE



REQUEST TO ADMINISTER MEDICATION – Sport(s) Participant

Dear Parent/Legal Guardian:

To request medication administration at school, please note:

- A new form is needed for all changes in medication, dose or time.
- The medication should be brought to school by a parent/guardian or responsible adult.
- Unless otherwise specified, the medication order is valid for the entire school year.
- **Expired and discontinued medication not picked up by the last day of school will be discarded.**

OVER-THE-COUNTER MEDICATIONS and **PRESCRIPTION MEDICATIONS** – the attending physician should complete the top section of this form, or a written notice from the physician’s office with the required information may be stapled to this page. Prescription medications must be labeled by the pharmacy with the student’s name, prescriber’s name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.

Instructions for Administering Medication at Sport(s)

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/Frequency of administration: _____ If as needed, frequency: _____

If as needed, for what symptoms: _____

Special/Emergency Instructions: _____

Prescriber’s Name/Title: _____ Telephone: _____

Address: _____ Fax: _____

Prescriber’s Signature: _____ Date: _____

Parent/Guardian Authorization

Gold Rush Charter School has permission to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Home Phone # _____ Phone # _____ Work Phone # _____

TO BE COMPLETED BY SCHOOL

Date form received at school: _____ Received by: _____



Sudden Cardiac Arrest Prevention Acknowledgment

Ed. Code 33479.1, which will not go into effect until July 1, 2017, is part of the Eric Paredes Sudden Cardiac Arrest Prevention Act. Ed. Code 33479.1 defines athletic activity as follows:

- “(1) Interscholastic athletics.
(2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by a school, including cheerleading and club-sponsored sports activities.
(3) Noncompetitive cheerleading that is sponsored by a school.
(4) Practices, interscholastic practices, and scrimmages for all of the activities listed in paragraphs (1) to (3), inclusive.”

The new law requires the CDE to post on its website guidelines and an information sheet on sudden cardiac arrest symptoms and warning signs, and to post other relevant materials to inform and educate pupils and parents, and to train coaches about the nature and warnings signs of sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing fainting or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue. The law encourages schools to post this same information on the school’s website. The law also requires coaches to undergo training regarding sudden cardiac arrest warning signs and risks, and outlines steps that must be followed when a student is removed from an athletic activity for displaying any of the symptoms of sudden cardiac arrest.

Additionally, as of July 1, 2017, before a pupil participates in athletic activity governed by the California Interscholastic Federation (“CIF”), the school must collect and retain a copy of the sudden cardiac arrest information sheet required by the CIF for that pupil. Before a pupil participates in an athletic activity not governed by the CIF, the pupil and parent/guardian are required to sign and return to GRCS an acknowledgement of receipt and review of the information sheet posted on the CDE’s website. As of today, this information had not been posted on the CDE’s website, and since the law will not even go into effect until July, we don’t expect the information to be posted until closer to then.

Based on the above definition and our understanding, we advise that the team falls within the broad definition of athletic activity under Ed. Code 33479.1, thus requiring Gold Rush Charter School to have parents sign acknowledgement of review of the CDE information regarding sudden cardiac arrest prevention.

I have read and understand the above.

Parent/Guardian Signature: _____ Date: _____