

**AUHSD After School Intramural Sports/Activities Program**

**EMERGENCY HEALTH AND MEDICAL CONSENT FORM**

**STUDENT INFORMATION**

Pupil's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender M F

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

**NOTE:** Pupil may not be released from school or hospital without permission of a parent or other authorized adult. If an emergency situation requires that this pupil be dismissed from school and a parent cannot be reached, the school or hospital may contact:

Name/Relationship \_\_\_\_\_ Cell# \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Cell# \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**

**NOTE:** Parents must inform the school of any medication(s) a pupil takes regularly (ED CODE 49480).

Medication and Dosage \_\_\_\_\_

Does the student have any allergies? Yes No \_\_\_\_\_

Previous injuries/surgeries \_\_\_\_\_

Does the student have asthma? Yes No Date of last Tetanus booster \_\_\_\_\_

**INSURANCE INFORMATION**

**NOTE:** The school district does not pay physician fees or medical expenses for students who are injured at school or at off-campus school-sponsored activities. Student accident insurance that may defray some of these expenses is available through the school.

Did you purchase insurance through the school? Yes No

Subscriber Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Phone \_\_\_\_\_

**I/we hereby grant** permission to the school, referred hospital, its physicians and/or athletic trainers to render first aid or emergency treatment and all preventative and rehabilitative treatment deemed reasonably necessary to protect the health and wellbeing of this pupil. **I/we additionally grant**, when deemed necessary, permission for hospitalization and emergency treatment at a competent and/or accredited facility for protecting the health and well-being of this pupil. **I/we further release** the Anaheim Union High School District, referred hospitals, its physicians and/or athletic trainers, agents, servants, and employees from any liability for damages and/or injury to this pupil. **I/we hereby accept** full responsibility for any and all damages or injuries sustained as a result of participation in sports.

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

Signature of Student Athlete \_\_\_\_\_ Date \_\_\_\_\_



## ANAHEIM UNION HIGH SCHOOL DISTRICT

### ATHLETICS

#### Voluntary Activities Participation Form

##### Consent to Participate:

Athlete's First/Last Name: \_\_\_\_\_ Sport: \_\_\_\_\_

By its very nature, \_\_\_\_\_, including tryouts, may put students in  
(Name of Sport)

situations in which serious catastrophic and perhaps fatal accidents may occur. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of injury. Just as driving an automobile involves the risk of injury; participation in \_\_\_\_\_  
(Name of Sport)

by students in high school athletics and junior high school intramurals involves some inherent risk. The importance of your awareness of these risks in determining whether or not to allow your child to participate cannot be overstated. There have been accidents in this sport resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic participation.

Students will be instructed in proper techniques and in the proper utilization of all equipment or work used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious, injury. Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head and neck injuries
5. Neck and spinal injuries
6. Paralysis
7. Loss of eyesight
8. Communicable diseases
9. Internal organ injuries
10. Brain damage
11. Death

(1 of 2 pages)

By signing below, you acknowledge that you understand and accept such risk and authorize the student named previously in this form to participate in \_\_\_\_\_ . By choosing to participate, you acknowledge that such risks exist.  
(Name of Sport)

**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I authorize my son/daughter, \_\_\_\_\_, to participate in the District sponsored activity of \_\_\_\_\_ .  
(Print Athlete's First & Last Name)  
(Name of Sport)

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in \_\_\_\_\_ is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.  
(Name of Sport)

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that may be sustained by my child while participating in \_\_\_\_\_ .  
(Name of Sport)

I understand, acknowledge, and agree that the District, its Board of Trustees, employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my child which is incident to and/or association with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to the terms.

\_\_\_\_\_  
Print Student/Athlete First & Last Name

\_\_\_\_\_  
Student/Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian First & Last Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM for each sport must be on file with the school before a student will be allowed to participate in the above extra-curricular activities.

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

### Signs observed by teammates, parents and coaches include:

- 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

**AUHSD After School Intramural Sports/Activities Program**  
**Concussion Information Sheet**

**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 is 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/>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# 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

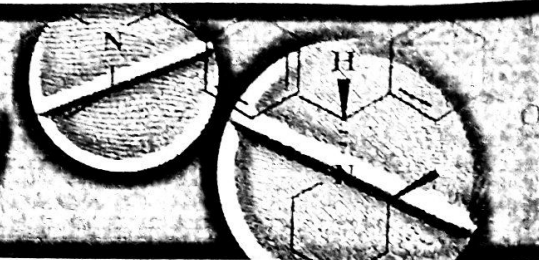
California Interscholastic Federation  
<http://www.cifstate.org>

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

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



# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

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



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

\* Findings from one study

## RISKS ARE GREATER WITH:

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

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



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



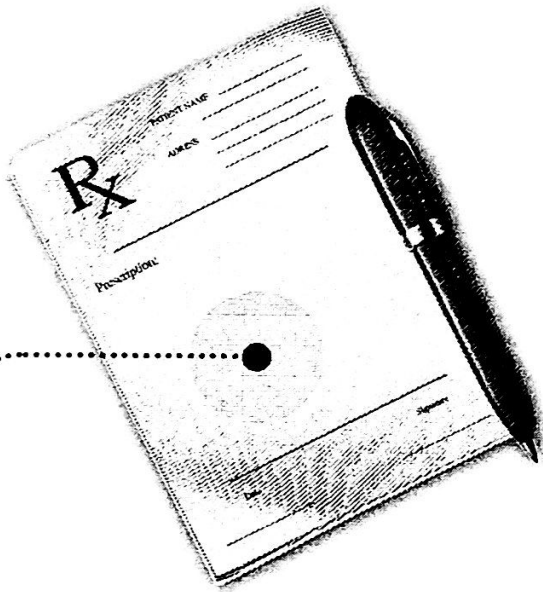
American Hospital  
Association



## KNOW YOUR OPTIONS

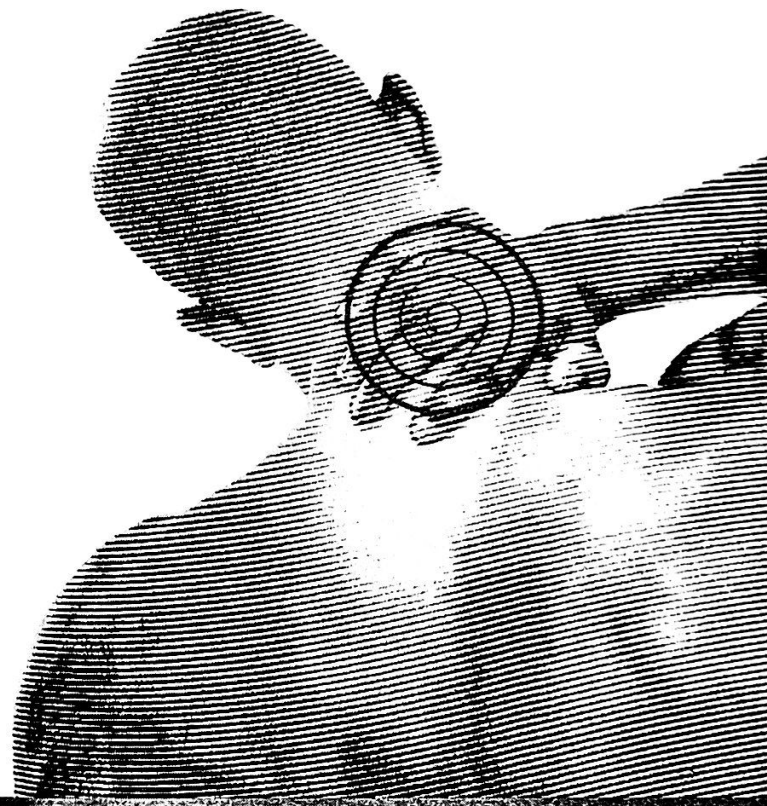
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



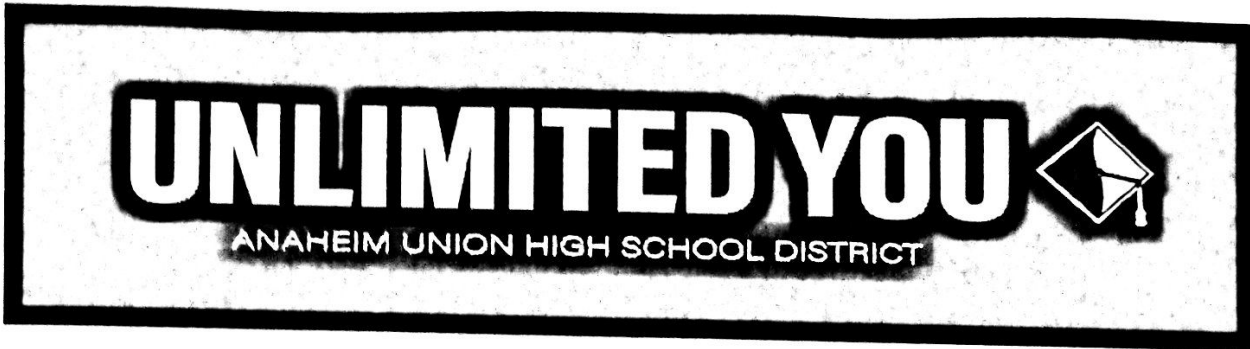
### Be Informed! ←

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



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within \_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



Anaheim Union High School District

Opioid Fact Sheet Acknowledgement

Date:	School:	Grade:
Student Name:		Student ID:

In accordance with California Education Code section 49476, school districts that offer athletic programs must provide the Center for Disease Control's "Opioid Factsheet for Patients" to each student athlete on an annual basis. In addition, student athletes, and if they are 17 years old or younger their parents or guardians, must sign and return an acknowledgement that they received a copy of the Fact Sheet *before the athlete starts practice or competition*. This is an annual requirement that must be met prior to the student athlete's first official practice of the school year.

**I/We acknowledge that we have received, reviewed, and understand the "Opioid Factsheet for Patients."**

\_\_\_\_\_ Student Name                      \_\_\_\_\_ Student Signature                      \_\_\_\_\_ Date

\_\_\_\_\_ Parent Name                      \_\_\_\_\_ Parent Signature                      \_\_\_\_\_ Date

*References: Opioid Factsheet for Patients*

English:

<https://www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf>

Spanish:

[https://www.cdc.gov/drugoverdose/spanish/pdf/CDC\\_DOP\\_HCP\\_Patient-Opioid-Factsheet\\_Spanish\\_508.pdf](https://www.cdc.gov/drugoverdose/spanish/pdf/CDC_DOP_HCP_Patient-Opioid-Factsheet_Spanish_508.pdf)

Received: \_\_\_\_\_

Revised 5/12/2022