**Winton School District**

**SPORTS PHYSICAL EXAMINATION FORM**

**PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>GRADE</th>
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<tbody>
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<table>
<thead>
<tr>
<th>BIRTHDATE</th>
<th>FALL SPORT</th>
<th>WINTER SPORT</th>
<th>SPRING SPORT</th>
<th>STUDENT ID NUMBER</th>
</tr>
</thead>
<tbody>
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**HEALTH HISTORY (Must be Completed Prior to the Examination)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Has this student had any:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Chronic or recurrent illness?</td>
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<tr>
<td></td>
<td></td>
<td>Illness lasting over 1 week?</td>
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<tr>
<td></td>
<td></td>
<td>Hospitalizations or Surgery?</td>
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<tr>
<td></td>
<td></td>
<td>Nervous, psychiatric, or neurologic condition?</td>
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<tr>
<td></td>
<td></td>
<td>Loss of or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?</td>
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<tr>
<td></td>
<td></td>
<td>Allergies (medicines, insect bites, food)?</td>
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<td>Problems with heart or blood pressure?</td>
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<tr>
<td></td>
<td></td>
<td>Chest pain or severe shortness of breath with exercise?</td>
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<tr>
<td></td>
<td></td>
<td>Dizziness or fainting with exercise?</td>
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<tr>
<td></td>
<td></td>
<td>Fainting, bad headaches or convulsions?</td>
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<tr>
<td></td>
<td></td>
<td>Concussion or loss of consciousness?</td>
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<tr>
<td></td>
<td></td>
<td>Heat exhaustion, heatstroke, or other problems with heat?</td>
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<tr>
<td></td>
<td></td>
<td>Racing heart, skipped, irregular heartbeats, or heart murmur?</td>
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<tr>
<td></td>
<td></td>
<td>Seizures?</td>
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<tr>
<td></td>
<td></td>
<td>Severe or repeated instances of muscle cramps?</td>
</tr>
</tbody>
</table>

**Date of last known tetanus (lockjaw) shot:**

**Date of last complete physical examination:**

**Is there any history of:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Further history:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Birth defects (corrected or not)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Death of parent or grandparent less than 40 years of age due to medical cause or condition?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parent or grandparent requiring treatment for heart condition less than 50 years of age</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Been seen by a physician on an emergency or urgent basis in the last 12-months?</td>
</tr>
</tbody>
</table>

**Explain all “YES” answers here along with any other fact or circumstance that should be disclosed prior to the examination (use reverse of form if needed):**

**PARENT/GUARDIAN'S AUTHORIZATION:**

I authorize a physician or duly authorized and supervised physician’s assistant or nurse practitioner to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate and I know of no reason why the student cannot fully and safely participate in the listed sports. I understand that this is solely a screening examination and that the absence of any health conditions or concerns listed below does not mean that student is free from actual or potential harmful health conditions that may cause the student injury or death while participating in sports. Any question or concern I may have regarding the student’s health or safety will be referred to our personal physician or health care provider for review and evaluation.

**PART 2 (TO BE COMPLETED BY THE EXAMINING PHYSICIAN/PHYSICIAN’S ASSISTANT/NURSE PRACTITIONER)**

**NORMAL | ABNORMAL (Describe)**

<table>
<thead>
<tr>
<th>Eyes/Ears/Nose/Throat</th>
<th>Height:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>Weight:</td>
</tr>
<tr>
<td>Heart</td>
<td>Pulse:</td>
</tr>
<tr>
<td>Abdomen</td>
<td>BP:</td>
</tr>
<tr>
<td>Genital/hernia (males)</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal:</td>
<td></td>
</tr>
<tr>
<td>a. Neck/Spine/Shoulde</td>
<td></td>
</tr>
<tr>
<td>b. Arms/Hands/Fingers</td>
<td></td>
</tr>
<tr>
<td>c. Hips/Thighs/Knees/Legs</td>
<td></td>
</tr>
<tr>
<td>d. Feet/Ankles</td>
<td></td>
</tr>
<tr>
<td>Neurologic Screening Exam (NSE)</td>
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</tr>
</tbody>
</table>

**Recommendation:**

- Unlimited participation
- Limited participation-specific sports, events or activities
- Clearance withheld pending further testing/evaluation
- No athletic participation

*One of the above MUST be checked.*

**Comments:**

**PRINT NAME OF PARENT OR GUARDIAN**

**SIGNATURE OF PARENT OR GUARDIAN**

**ADDRESS**

**WORK PHONE**

**HOME PHONE**

**DATE**

**REGULAR PHYSICIAN’S NAME**

**OFFICE PHONE**

**PRINT NAME OF PHYSICIAN (M.D., D.O., P.A, or N.P. only)**

**PHYSICIAN’S SIGNATURE**

**DATE**
WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

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.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”
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 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)

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

1. 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.

2. 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, and 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.

3. 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.

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.
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 ten 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, do not want to jeopardize their playing time, they mistakenly think they’re out of shape and need to train harder, or they simply ignore the symptoms, assuming they will “just go away.” Additionally, some health history factors increase the risk of SCA.

What should you do if your student-athlete is experiencing 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.

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.

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.
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 un repaired
- □ 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
AGREEMENT FOR TEAM PARTICIPATION
[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

All sections of this Agreement must be completed, with the signed original delivered to the School Office, before a Student will be allowed to participate in any manner in the Team Activities defined below. A separate Agreement is required for each Team in which the Student may participate.

Name of Student: ______________________ Date of Birth: _____/_____/_____
Address: ________________________________________________________________
School: __________________________ Grade: __________________________
Sport Team: __________________________ Phone #: __________________________

In consideration for the Student’s ability to participate on the Team [including any Sport, Cheerleading, Dance, or Marching Band], including try outs for the Team, participation in Team practices or training sessions, the receiving of coaching, training, or direction, the participation in Team events, shows, performances, or competitions, or the traveling to and from any of the foregoing activities (“Team Activities”), the Student and the Parent or Legal Guardian (“Adult”) signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guarantee that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a licensed physician, or physician-supervised and authorized nurse practitioner or physician’s assistant, stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student’s participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during a Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student’s violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death (“Injuries”) Injuries might arise from the Student’s actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential Injuries, whether or not caused by the Student’s participation in Team Activities. All such risks are deemed to be inherent to the Student’s participation in Team Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District (“Released Parties”) by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member, and further understand that transportation to or activities at another location are “field trips” or “excursions” for which there is complete immunity pursuant to Education Code § 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student’s belief, and notify a parent or guardian of the Student’s belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

AGREEMENT FOR TEAM PARTICIPATION
Original to be held on file in the Main Office for a period of one (1) year after the date the Team Participation Ends

SIA 9/09 (English)
Page 1 of 2
6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student’s participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. Education Code Section 32221.5 requires us to notify you that: “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 the District.” Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least $200 for each occurrence and major medical coverage of at least $10,000, with no more than $100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least $1,500; or (c) at least $1,500 for all such medical and hospital expenses. You may meet this obligation with the option below:

1: Private medical insurance. Please provide __________________________ (Name of Insurer) and __________________________ (Policy number), __________________________ (list coverage dates or “continuous”). By signing below, the Adult certifies that the Student is presently covered, and will remain covered during the length of the Team season, under the Policy, and that the Policy complies with Section 32221.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student’s name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian __________________________ Signature __________________________ Date __________________________

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student __________________________ Signature __________________________ Date __________________________