



A CALIFORNIA DISTINGUISHED SCHOOL

STUDENT ATHLETIC PACKET

Name _____ Grade _____ Male Female

Sport _____ VAR JV F/S

Please list any previous High Schools attended before Palisades

9th _____ 10th _____ 11th _____ 12th _____

*******IMPORTANT*******

MAKE A PHOTO COPY OF YOUR PHYSICAL EXAM TO KEEP FOR YOUR RECORDS

MAKE SURE YOUR PHYSICAL EXAM IS CURRENT, STAMPED, AND SIGNED BY YOUR PHYSICIAN ONLY

CHECK FOR ALL SIGNATURES, DATES, VISION, BLOOD PRESSURE AND BOXES ARE COMPLETE

INCOMPLETE FORMS WILL PROHIBIT YOUR PARTICIPATION IN ANY SPORTS

I HAVE READ THE PARENT/STUDENT ATHLETIC HANDBOOK ON THE SCHOOL WEBSITE WITH MY CHILD AND AGREE TO THE TERMS SET FORTH INCLUDING THE IN SEASON SUBSTANCE ABUSE POLICY AND TO FOLLOW THE SPECTATOR EXPECTATIONS

***PARENTS SIGNATURE VERIFYING ABOVE _____**

Palisades Charter High School
 Sport Pre-participation Physical Examination and Health History

Male _____ Female _____
 School Year: _____

Last Name: _____ First: _____ MI _____ DOB: _____ Grade: _____ Sport(s): _____
 Address/City/Zip: _____ Parent Phone: _____

Health History (completed by student & parent prior to physical exam): explain „YES“ answers; be specific, include approx. dates, current status

Heart Trouble	Yes	No	Asthma	Yes	No	Diabetes	Yes	No	Seizures	Yes	No
Palpitations	Yes	No	Fatigue	Yes	No	High Blood Pressure	Yes	No	Kidney conditions	Yes	No
Chest pain	Yes	No	Dizzy/fainting	Yes	No	Extreme shortness of breath/wheezing	Yes	No	Current skin condition	Yes	No
Family member w heart attack < 50 yrs of age, sudden death	Yes	No	Glasses, contacts, protective equipment, hearing aid	Yes	No	Head trauma, concussion, loss of consciousness	Yes	No	Family history of Marfan syndrome or sickle cell	Yes	No
Any allergies	Yes	No	Any injuries or fractures	Yes	No	Any surgeries or hospitalizations	Yes	No	Any other chronic condition	Yes	No

Parent & student confirm that all of this information is correct and has been reviewed with the doctor during the examination.

List all medications for health conditions: _____

List all allergies(give reactions & meds) and/or asthma triggers: _____

Explain “YES” answers: _____

 Student Signature

 Date

 Parent Signature

 Date

PHYSICAL EXAMINATION and review of HEALTH HISTORY (completed by the physician)

Distance Vision: R 20/	L 20/	corrected: Y	N	HT:	WT:	BMI/%	BP:	Pulse:
			Normal					Normal
Appearance				Musculoskeletal				
Eyes/Ears/Nose/Throat				Neck				
Neck				Spine				
Cardiovascular				Shoulders/arms				
EKG results if done				Elbows/forearms				
Chest & Lungs				Wrist/hands				
Abdomen				Hips/thigh				
Skin				Knees				
Neuromuscular				Legs/ankles				
Genitalia – hernia (males)				Feet				

Diagnosed Chronic Conditions: _____

() Cleared - Full Activity () Cleared – No management of chronic condition required during school or school sports

() Cleared - Chronic condition management required during school & school sports for _____ Medication: *(use Pali med form)*

() Cleared with restrictions/end date: _____

() Cleared *after* proof of evaluation or rehab for: _____

() Not cleared/reason: _____

Comments: _____



Physician Name _____ Physician’s Original Signature: _____ Exam Date: _____

Palisades Charter High School
Request For Any OTC or RX Medication To Be Taken At School
PCHS Health Office (HO): 310 230-7218 Fax: 310 230-7246

I. Section To Be Completed By Parent:

Student's Last Name	First Name	DOB	School Year	GR	Sport(s)
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- I understand I must provide any over-the-counter (OTC) or prescription (RX) medications as prescribed by doctor:
 - In its original container with proper labels; over-the-counter or prescription.
 - An updated doctor's order if there is a change in dosage, schedule or health status.
 - Student may not carry OTC or RX medications, except Health Office (HO) approved.
 - Parent must pick up unused medications by last day of school, if not; the medications will be disposed of properly.
- With doctor's orders and HO approval, my student may carry and self-administer without adult supervision but must follow MD orders. School Nurse must authorize any request to carry meds, i.e.: inhalers, epipen, insulin. I understand, accept there is no direct monitoring; student must alert staff for help. PCHS not responsible for any risk involved with improper use including: overuse, improper administration, breakage, theft, or loss. Health Office and/or Dean of Discipline will rescind consent if found to be sharing, playing or being careless with this medication.
 - Back-up meds in HO? Y/N . Health Office Approval to carry: _____
- **List All Triggers of:**
Allergies SEVERE: _____

Allergies MILD/MODERATE: _____

List Triggers of Asthma: _____
- I consent to the PCHS School Nurse (or designee) communicating with the physician.
- I acknowledge that School Nurse (or designee) must authorize this order; student is given copy of orders when ok'd.

Print Parent Name	Signature	Date	Phone(s)	E-mail
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II. Section To Be Completed By Physician:

Medication	Purpose/Diagnosis	Dosage	Time at School Or Frequency	End Date

Special instructions, side effects, recommending HO back-up supply? _____

___ May repeat rescue inhaler every 20 minutes times (___), call parent, then 911 if needed Yes___ No ___ I agree this student may carry inhaler, is capable and responsible.

Physician Printed Name/	Signature	Date
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Physician Stamp Required

Palisades Charter High School Concussion Information Sheet

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

Symptoms may include one or more of the following:

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

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

Palisades Charter High School
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's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 5/20/2010

Name		Date of Birth				
Address		Grade		Track		
School Last Fall		School Last Spring		Date Entered Ninth Grade		
I am participating in the following sports:	Fall 1	Nurse	Winter 1	Nurse	Spring 1	Nurse
	Fall 2	Nurse	Winter 2	Nurse	Spring 2	Nurse



CIF LOS ANGELES CITY SECTION HIGH SCHOOL

Current School Year

ATHLETE'S ELIGIBILITY INFORMATION AND PARENT'S CONSENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

As a member of a high school team you have many responsibilities. Among them is remaining eligible or reporting your ineligibility immediately should it occur. The Rules and Regulations Governing Interscholastic Athletics states, "If a school plays an ineligible student, knowingly or unknowingly, in any athletic contest involving team sports - all contests in which the student participated must be forfeited; In individual sports - only the points which the student won must be forfeited." Summarized below are the eligibility rules which you must observe:

1. Only students who are amateurs may participate in athletic contests.
2. Students on high school teams become ineligible if they play on "outside" teams, in the same sport, during their high school season of the sport.
3. For the purpose of this rule, outside competition is prohibited from the opening contest (scrimmage) until the final contest of that sport (league, playoff, or state competition) in which that school is involved, both dates inclusive. The prohibition on playing on outside teams applies to school holidays and vacation periods which occur during the season of the sport.
4. To be eligible for an athletic contest a student must be in attendance at school for at least two class hours on the day of the contest exclusive of the lunch hour and the athletic period. A student who is currently enrolled in at least 20 semester periods of work and passed in at least 20 semester periods of work at the completion of the last regular school marking period is scholastically eligible until the completion of the current regular school marking period.
5. The legal residence of a student who represents a high school in athletics must have been in the high school district of that school when registering as an entering student. Any student who registers in a school other than the one in whose district the student legally resides in is ineligible to represent that school in athletics unless attending on a permit which carries athletic privileges or on a Statement of Residence. If a Statement of Residence is on file, a student is ineligible to compete in athletics until 20 weeks of attendance have been completed in the new school.
6. Students who knowingly fail to provide complete and accurate information regarding eligibility to participate in athletics shall be declared ineligible to represent their school in any sport for up to twenty four months following the date of the discovery of the offense.
7. When a bus is furnished to transport athletic teams to contests, only those participants traveling by bus will be eligible to compete. Students assigned to bus travel must return by bus.

Both the applicant student and a parent or guardian must read carefully and sign. If there are any questions, contact the Athletic Director () - or the Administrator in Charge of Athletics at () - .

PLEASE SIGN THE FOLLOWING AFFIRMATION: I am aware of my responsibilities and the regulations governing my participation in connection with the Interscholastic Athletic program. I will so govern myself that my association with the program will bring honor to it and my school, and I shall expect to be asked to withdraw from the activity in case I fail to do so. I agree to withdraw from the activity if requested to do so. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my being declared ineligible.

PLEASE SIGN THE FOLLOWING AFFIRMATION: I hereby grant permission for the above named student - athlete to participate in interscholastic baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track and field, volleyball, wrestling, cheer, dance team, drill team, and marching band including travel to and from athletic contests at other schools or locations. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my student-athlete being declared ineligible.

Student-Athlete Signature	Date	Parent Signature	Date

ATHLETIC INSURANCE CERTIFICATE

The governing board of each school district of any kind or class shall provide insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least five thousand dollars (\$5000) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code, for injury to members of athletic teams arising while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other places of instruction and the place of the athletic event. *Calif. Ed. Code, Vol 1, Part 19, Chapter 2, Article 3, Section 32221 (pgs. 1004, 1005, 1006), Revised 1979. Amended 1980.* Five thousand dollars (\$5000) insurance protection for medical and hospital expenses resulting from accidental bodily injuries must be provided for each member of an athletic team by the student or his/her parents or guardians through group, blanket policies, etc., or through the insurance carrier for the District. **I certify that this student has at least five thousand dollars (\$5000) protection for medical and hospital expenses with**

Name of Insurance Carrier (A valid copy of the Insurance Card must be attached to this form.)	Policy or Group Number

to cover injuries incurred while participating in, practicing for, or traveling to and from extramural contests. I understand that the insurance requirement may be met by purchase of school District approved insurance coverage. **I have read and understand the rules above. I hereby grant permission for my son/daughter to participate in interscholastic athletics under these rules.**

Parent Signature	Date

Name	Date of Birth	Attach a valid copy of your Insurance Card Here
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ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT, ATHLETIC PARTICIPATION CODE OF CONDUCT, AND STEROID PROHIBITION FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

Trustworthiness - be worthy of trust in all I do.
Integrity - live up to high ideals of ethics and

sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly. *Honesty* - live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike act.

Reliability - fulfill commitments; do what I say I will do; be on time to practices and games.

Loyalty - be loyal to my school and team; put the team above personal glory.

CARING

Concern for others - demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
Teammates - help promote the well-being of teammates by

positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

Play by the Rules - maintain a thorough knowledge of and abide by all applicable game and competition rules.

Spirit of Rules - honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

RESPONSIBILITY

Importance of Education - be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably. *Role-Modeling* - Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

Suspension or termination of the participation privilege is within the sole discretion of the school administration.

Self-Control - exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

Healthy Lifestyle - safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

Integrity of the Game - protect the integrity of the game; don't gamble. Play the game according to the rules.



FAIRNESS

Be Fair - live up to high standards of fair play; be open-minded; always be willing to listen and learn.

RESPECT

Respect - treat all people with respect all the time and require the same of other student-athletes.

Class - live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.

Disrespectful Conduct - don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

Respect Officials - treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic contest.

CIF BYLAW 524 / STEROID PROHIBITION

By signing below, both the participating student-athlete and their parent(s) or legal guardian(s) / caregiver(s) hereby agree that the student shall not use androgenic / anabolic steroids without the written prescription of a fully licensed physician (as recognized by the American Medical Association (AMA)) to treat a medical condition.

We also recognize that under CIF Bylaw 200.D. there could be penalties for false or fraudulent information.

We also understand that the CIF Los Angeles City Section policy regarding the use of illegal drugs will be enforced for any violations of these rules.

ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION

We are aware that play/participation in any sport can be a dangerous activity involving many risks of injury. We understand that the risks and dangers include, but are not limited to, death or paralysis, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. We understand that the dangers and risks or participating in sport(s) also include the high cost of medical care and impairment of the athlete's future ability to earn a living, and engage in other business, social, and recreational activities. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at

_____ **High School.**

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, as well as obeying such instructions. **I have read and understand the requirements of this Code of Conduct, I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.**

Student-Athlete Signature	Date	Parent Signature	Date
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A CALIFORNIA DISTINGUISHED SCHOOL

Parental supports of our athletic teams are vital, and greatly appreciated. In order to provide a positive climate for coaches and players to do their best, eliminate distractions that might negatively impact the program, model good sportsmanship, and comply with CIF Rules, we are asking for your support of the following Parent/Guardian Code of Conduct.

We strongly encourage your active, positive support of your child, and look forward to your attendance at the games and other sponsored activities. The concept of sportsmanship, however, must be taught, modeled and reinforced by adults. The parents/guardians of athletes must maintain self-control and demonstrate proper perspective as it relates to winning and losing. It is important to remember that an athletic contest is **ONLY A GAME**. Accordingly, we expect all parents/guardians and spectators who attend games to abide by the following:

- Please show respect for others by refraining from booing or shouting/yelling derogatory comments or remarks from the stands towards our opponents, coaches or officials. Personal insults or abusive, foul language will not be tolerated.
- Parents shall not confront or seek to conference with coaches or officials during or immediately after games, except in cases of injuries or emergency medical treatment for their child.
- Conferences with the Coach to discuss or critique their game preparation, coaching strategy, or the status of other players **will not be held**. Any conference to discuss your child's status must be scheduled with the Coach in advance.
- Other forms of behavior that are disruptive to the game or others' enjoyment of the game will not be allowed. This includes, but is not limited to, approaching the bench area while the game is in progress, or attempting to coach your child or direct other players during games or practice.
- Spectators, including parents, who, in the judgment of the onsite administrator, behave in ways that are inappropriate and in violation of the CIF guidelines and/or this contract will be warned about the behavior first, then asked to leave the competition immediately if it continues. If this becomes a continual issue you may jeopardize your ability attend school contests/events.

Parent/Guardian Signature

Parent/Guardian Signature



A CALIFORNIA DISTINGUISHED SCHOOL

Athletic Event Pick-Up Release Form

Date: _____ Sport/Activity: _____

My Son/Daughter _____
(First Name) (Last Name)

will be leaving all away game sites with - _____
(First Name) (Last Name)

his/her parent/guardian/other _____
Must be an adult. Relationship to Student

Parent Signature: _____

Home Phone: _____

Work Phone: _____

Emergency Contact Person: _____

Emergency Phone: _____

Approved: _____ Date: _____

•Form must be approved by Assistant Principal 24 Hours before the first event of the season

Dates	Location	Dates	Location

15777 BOWDOIN STREET PACIFIC PALISADES CA 90272

Tel: (310) 230-6623 Fax: (310) 454.6076 Web: www.palihigh.org

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 play-

ing 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.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

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

AED



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>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>

