



Perris Union High School District
"Growing Together Through Education"

ATHLETIC PACKET

Dear Parents/Guardians:

Your son/daughter has indicated an interest in the athletic program at Perris Union High School District. Before an athlete can tryout, practice or participate in Athletics in the Perris Union High School District, he/she must meet certain requirements and complete this packet which includes the following forms located in the back of this packet.

1. Impact
2. Athletic Release of Liability
3. Student Athletic Media Release Authorization
4. Code Of Ethics
5. CIF Eligibility

To be a member of a PUHSD athletic team is a privilege and an honor. We expect all players to conduct themselves in a manner that will make fellow players, parents, and coaches proud of them. With your interest and support, we will continue to provide the best athletic program possible.

If you have any questions, please call the Athletic Director at your school site:

Heritage High School
(951) 940-5447
David Drake
Athletic Director/Dean



Paloma Valley High School
(951) 672-6030
Jay Chadwick
Athletic Director/Dean



Perris High School
(951) 657-2171
Chris Brickley
Athletic Director/Dean



California Military Institute
Anthony Duke, Athletic Director
(951) 443-2731



Athletic Participation Expectations

Athletic Code:

The CIF Blue Book Rules and Regulations, as well as this District's Athletic Code will govern athletic participation. Athletes will be directly responsible to the head coach of that sport and their assistants. It is assumed that the athlete's participation in a sport is a privilege, and because of this, he or she wishes to do whatever is necessary to make the team successful. Parent and athletes will follow team rules set forth by the coach and this Athletic Code. Parents and students agree that they will read and abide by the guidelines presented in the "Communication Guidelines" brochure included in the athletic packet. The following are general responsibilities of the athlete.

Scholastic Eligibility and Grades:

The student athlete must meet the Perris Union High School Board Policy and the California Interscholastic Federation – Southern Section (*C.I.F.-S.S.*) academic standards. CIF-SS requires that a student be enrolled in and passing at least (4) four classes (if enrolled in P.E. class twice in one semester, only one counts towards the 20 credits). Additionally, Board Policy 6145 (a) requires that students pass a minimum of 20 credits, not including Pass/Fail classes (i.e. teacher's aides positions). Lastly, students must be working towards minimum graduation requirements to be eligible. Eligibility is based upon the student's last grading period. If a student does not meet these requirements, he/she becomes immediately ineligible and cannot participate in any games. He/she can regain their athletic eligibility at the end of the next grading period upon successful completion of the requirements mentioned above.

A period of eligibility will be equal to a period of ineligibility. Athletes become eligible and ineligible on the Monday after the grades are reported approximately every six-week period. Ineligible athletes may (at the coach's discretion) practice with a team, but may not dress for a game, participate in any contest, or travel with a team when doing so would excuse them from class participation.

Conduct and Behavior:

As athletes in High School, you are representing yourself, parents, school, and community and are expected to conduct yourself properly at all times. Because of this, misconduct by an athlete will not be condoned. The Athlete Code is in effect from the first CIF sanctioned practice (August) through the last contest of the year. Athletes are responsible for compliance whether they play during one or all seasons of sport, fall, winter, and/or spring.

Game behavior:

If an athlete is ejected from the game, the coach will discipline him/her according to school, CIF, and team regulations. A written report will commence following the game with the school's administration. CIF mandates that the athlete not be allowed to play or be present at the next scheduled contest. School administration reserves the right to discipline the athlete further.

Language:

Anyone associated with the High School will use language that is socially acceptable. Profanity or vulgar talk will not be tolerated at any time on or off the playing field.

Respect:

The athlete is to show respect for all coaches, teachers, officials, spectators, school facilities and equipment.

Training:

It is generally accepted that good training includes adequate rest, diet, health habits, and self-discipline.

Alcohol and drugs:

Alcohol and/or drug abuse will be dealt with by the school site administration and will include termination from athletic participation.

Tobacco including "chew":

Athletes who choose to use tobacco and "chew" will be dealt with by the school site administration and will include termination from athletic participation.

Criminal Acts:

Athletes who conspire to become involved in acts defined as criminal by statute are subject to discipline under this code.

Violations of school discipline policy:

Athletes are expected to display behavior in the classroom and on campus that is exemplary for all students to follow. Therefore serious violations of school discipline – fighting for example – maybe considered a violation and put the student at risk of discipline that could include immediate termination of athletic participation.

Transportation:

All athletes are expected to follow school and transportation rules set forth by the district and the transportation company that is utilized. Perris Union High School District supplies the transportation to and from all athletic contests for all teams. If a student athlete wishes to make special arrangements, on an occasional basis, to receive a ride from a parent/guardian, arrangements must be made prior to the event and must include proper documentation.

Equipment:

Athletes are financially responsible for any school owned equipment that is utilized or rented out to the athlete. Athletes are expected to demonstrate reasonable care of such equipment, and any misuse or abuse of such, will be the financial responsibility of the athlete.

Appearance:

As a member of our team, we want to be proud of your appearance. Athletes are expected to dress neatly and keep well groomed. The coach may determine dress on the day of a contest.

Dedication:

An athlete must be willing to dedicate himself/herself to the sport of choice. The athlete should be aware that nothing worthwhile is accomplished without hard work and a sincere desire to succeed. The athlete must also realize that he or she must work out of season as well as in season. He or she must also be willing to sacrifice his or her own personal desires for the good of the team.

Quitting a sport:

There is a distinct difference between "quitting" and being 'dropped' and being 'cut' from a sport. If you as an athlete quit a sport, you forfeit your award and eligibility to continue that sport later. You will not be allowed to compete in any other sport in the same season. Dropping a sport is withdrawing from that sport voluntarily. Proper communication and returning of equipment to the coach is required. The coach's approval is required to remain eligible for the remainder of the season.

Letters and Awards:

Letters and awards are given according to team criteria. All coaches reserve the right to award letters. However, all athletes must end the season in good standing, both academically and behaviorally, to earn a varsity letter. Again, the head coach of the team is the one who decides the awards process and who receives an award. All athletic participants who are recognized by the coach will receive a certificate of Athletic Recognition from the Athletic Department. Any other awards that are given through the school/team cannot be given unless the athlete/recipient has a valid ASB card. These awards are purchased by ASB and are not a requirement to be received through participation. Students with an ASB card are cleared through the Athletic Office to receive awards and/or letters.

Residence Eligibility:

Any student, who is planning to move, has recently moved or whose parents or guardians have moved, should notify the Athletic Director's office for CIF information on his/her status of eligibility.

Seasonal Participation:

An athlete may only participate in one sport per season unless otherwise granted permission by the Athletic Director. Athletes cannot change from one sport to another during the season unless they have approval of both coaches and the Athletic Director. When an athlete quits or is dropped for disciplinary reasons, he/she may not go out for another sport until the end of that season (excluding playoffs). (This includes athletic PE.)

PUHSD Athletic/Activity Code:

In order to emphasize academic achievement, the following constitute minimum requirements for student participation in athletics and/or student activities:

- A grade point average of a "C" in all classes.
- Athletes must attend a minimum of 4 class periods of school on the day of a contest in order to participate.
- Truancies from school for any portion of a school day is not acceptable and will result in further discipline (i.e., game(s) suspension).
- He/she may not receive more than one "U" in citizenship in a grading period and must pass 4 classes where only one can be PE and Teacher Assistant. PE can only be considered as one class for eligibility purposes. **YOU MUST BE ENROLLED IN AND PASS AT LEAST 4 CLASSES THAT YOU RECEIVE A "LETTER" GRADE.**
- Eligibility will be checked approximately every 6 weeks until the next grade check period.
- All transfer students outside the district must also meet eligibility requirements as well as CIF requirements in order to participate.
- Any student expelled will be ineligible for one semester upon return to the regular High School program.
- Athletes **MUST** be on course to graduation by unit count.

This code takes effect in August and terminates with the last athletic/activity in June. This code is in effect 24 hours a day, 7 days a week, and including vacation days during the academic school year. It is also in effect during the summer period as long as the event is affiliated with the school. Ineligibility created by suspension from athletics/activities and not completed by the end of the spring semester will carryover for completion in the fall semester.

NCAA Clearinghouse:

Any athlete desiring to attend college is well advised to become certified through the NCAA Clearinghouse. You must start the certification process early – usually by the start of your junior year. It is your responsibility to contact your counselor and begin the process.

CIF- Eligibility:

A student athlete:

1. Must be less than 19 years of age as of September 1 of the new academic year.
2. Must have reached the ninth grade
3. Must participate in no more than four seasons in the same sport after enrolling into the ninth grade
4. Must be scholastically eligible
5. Must file an Application for Residential Eligibility if you transferred from another school without a bona fide change of residence by your parents/guardians
6. Since entering the ninth grade, must not be in your ninth semester of attendance.
7. Must meet citizenship requirements
8. Must maintain amateur standing
9. Must not have participated in any tryout for a professional team
10. Must maintain in your school files an annual physical examination card certifying that you are physically fit to tryout and/or participate in athletics. Physical must be on approved form by the PUHSD Board of Education
11. Cannot compete on an outside team during your High School season in the same sport season.
12. May not participate on the Varsity Football team until he/she has reached his/her 15th birthday unless certified by a doctor and granted written approval by the commissioner of CIF.
13. May participate in all-star competition, with the exception of football, between conclusion of the Southern Section season of sport and September 1
14. Questions should be directed to your school coach and/or Athletic Director
15. Must complete the Athlete's Code of Ethics

CIF - Code of Ethics:

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority
2. Show respect for teammates, opponents, officials and coaches
3. Respect the integrity and judgment of game officials
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field
5. Maintain a high level of safety awareness
6. Refrain from the use of profanity, vulgarity, and other offensive language and gestures
7. Adhere to the established rules and standards of the game to be played
8. Respect all the equipment and use it safely and appropriately
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration or Surgeon General of the United States or the American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. WIN WITH CHARACTER, LOSE WITH DIGNITY.

Concussion Management

The Play It Safe Concussion CareSM

fact sheet for parents



An innovative approach to concussion care

Your child's school is currently implementing an innovative program for its student athletes. The Play It Safe Concussion CareSM program will assist team physicians/athletic trainers in evaluating and treating concussions. Wells Fargo Insurance Services and ImPACTTM Concussion Management have teamed up to provide your child's school with this concussion injury management solution. The program combines awareness and education, neurocognitive testing, access to medical professionals who are credentialed ImPACT consultants trained in the evaluation and management of concussions, and excess insurance coverage to protect the financial well-being of your family.

By purchasing this program, your school is providing your student athlete with an effective concussion management solution that helps ensure your child's return to the classroom and playing field in a safe manner.

How the program works

Recognizing the importance of the health and safety of all student athletes, your school has purchased The Play It Safe Concussion CareSM program.

Prior to the start of the season, all athletes 10 years old and over will participate in ImPACT neurocognitive testing to establish a baseline for future reference, should they be concussed at some point during the season. ImPACT is a sophisticated software tool to help medical professionals evaluate a head injury. It is a 20 minute test that is administered pre-season for a baseline result. The program evaluates multiple aspects of brain function including memory, processing speed, reaction time and post-concussive symptoms. It, however, is not an IQ test.

When an athlete appears to have sustained a concussion, he or she is pulled from play and evaluated. As needed, the athlete is sent for clinical assessment and specialty care by a medical professional who is a credentialed ImPACT consultant trained in the evaluation and management of concussion.

The athlete then undergoes a post-injury ImPACT test and evaluation, and the results are compared to the athlete's pre-season baseline test. This will assist the medical professional in determining the scope and magnitude of the concussion and enable them to determine when return-to-play is appropriate and safe for the injured athlete. The information gathered can also be shared with your family doctor.

The medical professional provides the athlete with an individual follow-up plan that may include rest, gradual re-exertion, and re-evaluation.

Covered expenses will be determined on an excess basis over and above any other valid and collectible coverage for which an insured person may be eligible. In the absence of any other coverage, this coverage will provide primary coverage benefits subject to coverage limits and exclusions.

We are excited to implement this program with your school to provide the best available information for managing concussions and the associated medical expenses. The administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience.

Please contact your school with any questions about the program.

Together we'll go far



Signs and Symptoms*

Athletes who experience one or more of the signs and symptoms listed below after a bump or blow to the head may have a concussion.

Symptoms Reported by Athletes

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

* According to the Centers for Disease Control

Excess insurance coverage

This plan is excess to any other medical or dental insurance the covered person may have. No benefit is payable for any covered expense incurred, which is paid or payable by any other valid and collectible insurance. Covered expenses do not include any amount not covered by the primary carrier due to penalties for failure to comply with policy provisions or requirements. The concussion accident medical insurance policy includes:

- Provider Designation and Certification
- Client Training and Software
- Pre-season Baseline Neurocognitive Testing (ages 10 and over only)
- Medical Maximum (per injury): \$25,000
- AD&D Maximum (per injury): \$1,000
- AD&D Aggregate Limit: \$5,000
- Coinsurance: 100% of allowance per Schedule of Benefits
- Benefit Period: 52 weeks
- Deductible: \$0
- Post Injury Neurocognitive testing
- Health and behavior intervention
- Outpatient (Office) Physician Visits/Consultations
- Magnetic Resonance Imaging, brain and spinal canal
- Ultrasound
- Electroencephalogram (EEG)
- Needle electromyography
- Nerve conduction studies

Does not cover emergency services, ambulance services or surgical procedures. This coverage is designed to cover the diagnosis and management of concussion. This is only a brief description of the insurance policy. Please refer to the policy for full details.

How can we help?

Call today or visit us at
wfs.wellsfargo.com/concussioncare
888-857-9504 | Fax: 916-231-3398

Wells Fargo Insurance Services

11017 Cobblerock Drive, Suite 100
Rancho Cordova, CA 95670



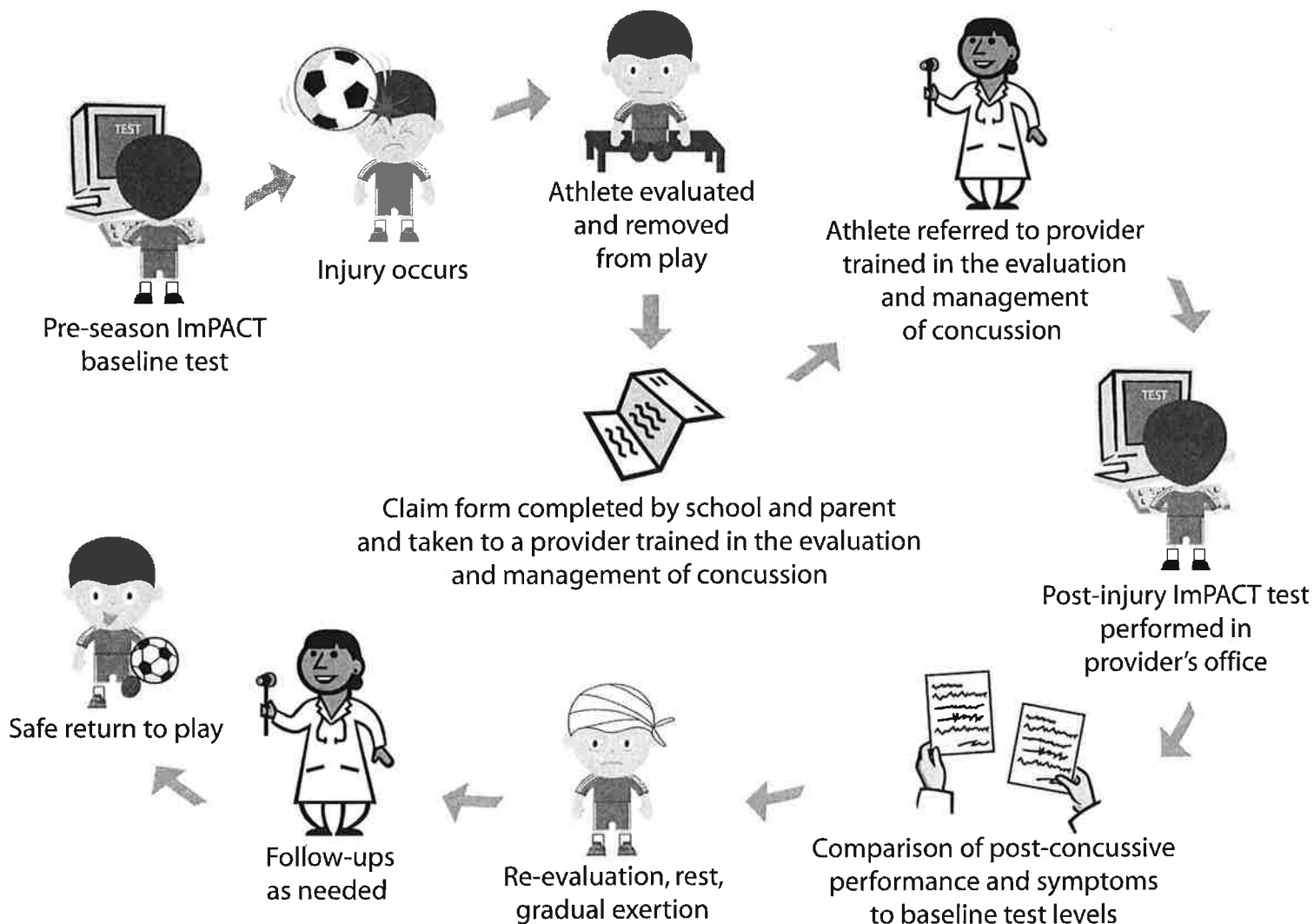
ImPACT

impacttest.com

Insurance products are offered through non-bank insurance agency affiliates of Wells Fargo & Company and are underwritten by unaffiliated insurance companies, with the exception of crop and flood insurance. Crop and flood insurance may be underwritten by Wells Fargo Insurance Services' affiliate, Rural Community Insurance Company.

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PUHSD Concussion Management Program

Heat Illness Prevention Tips

The topic of heat illness has received a great deal of attention following the tragic experiences of athletes in hot climates. Heat illness can happen to anyone in a hot environment and is an issue that athletes especially need to be aware of – **and know how to prevent.**

Athletes increase their risk of heat illness as they become dehydrated. According to the National Athletic Trainers' Association, it is not uncommon to reach dehydration levels significant enough to place athletes at risk of developing exertional heat illness in as little as an hour of exercise. Athletes can reach this level even more rapidly if they begin the workout, practice or competition dehydrated. Many of the risk factors for heat illness can be eliminated to help prevent heat injury to the athlete.

10 Tips to "Beat the Heat"

Recognize the early warning signs of dehydration.

These can include: dark yellow urine, loss of energy, dizziness, loss of coordination, cramps, headaches, or unusual fatigue. If left untreated, more extreme symptoms can occur.

Allow for acclimation.

Acclimation is the body's adaptation to a hot environment. Slowly increase practice intensity and duration over the first two weeks of training. Most cases of heat illness occur in the first 2 to 3 days of training.

Drink up.

Once acclimated, fluid intake needs to be greater because sweat losses will be higher.

Have fluids within arm's reach.

Fluids should be easily accessible during workouts, practices and games.

Don't rely on thirst.

Drink during exercise to minimize losses in body weight but don't over drink.

Favor sports drinks over water.

Research demonstrates that the carbohydrate in sports drinks fuels muscle^{2,3,4,5} and sodium encourages voluntary drinking and promotes hydration.^{1,6,7}

Drink it. Don't pour it.

Pouring fluid over your head may feel great but won't help restore body fluids or lower body temperature.

Exercise in the morning or evening.

This is when the weather is coolest. Also, avoid the direct sun to minimize radiant heat from the sun and hot playing surfaces.

Dress for the weather.

Keeping cool in hot weather means wearing fewer clothes and frequently removing gear like helmets during breaks.

Break it up.

Increase the frequency and duration of rest breaks to help you stay hydrated and cool.

If You Feel Like This

Do This

Dehydration

Loss of Energy & Performance

Muscle Cramps

Drinking sports drinks with small amounts of carbohydrate speeds absorption, prevents fatigue and provides energy. Avoid beverages containing caffeine or carbonation.

Stop activity, gently stretch and massage cramped muscles. Consuming a sports drink that contains sodium (at least 110mg/8oz) may reduce the risk of muscle cramps.

Heat Exhaustion

*Dizziness, Light-headedness,
Chills or Loss of Coordination*

Nausea/Headaches

Replace fluids. Rehydration is critical. Rest in a cool, shaded area until all symptoms pass. If dizziness continues, lie with the legs elevated to promote circulation to the head, then seek medical attention.

Rest in a cool place until nausea passes. Rehydration is critical; drink slowly as nausea passes. Lying down is often helpful in relieving headaches. Do not resume practice if any symptoms continue.

Heat Stroke

High Body Temperature

*Confusion or
Unconsciousness*

Immediately cool the athlete by immersion in a tub of ice water and seek immediate medical treatment.

Confusion or unconsciousness can be indicators of heat stroke.
Heat stroke is a medical emergency that calls for immediate medical assistance.

The above symptoms of dehydration, heat exhaustion and heat stroke are not additive, which means an athlete could experience heat stroke in the absence of other indicators. These are a few symptoms, some athletes may experience others. **Seek immediate medical assistance at the first signs of serious or unusual symptoms.**

ATTENTION:

**ALL FORMS AFTER THIS PAGE MUST BE
SIGNED AND RETURNED TO THE
ATHLETIC DIRECTOR PRIOR TO YOUR
CHILD PARTICIPATING IN ANY ATHLETIC
PROGRAM**



Perris Union High School District

"Growing Together Through Education"

155 East 4th Street, Perris, CA 92570 (951) 943-6369 Fax: (951) 943-9852

Student Record and Media Release Authorization *Athletic Department*

Signature by the parent/legal guardian indicates full consent and authorization to release any information in regard to the aforementioned student. This information will be released to university and/or college coaches that show interest in the student named below. As well as school Booster Club publications, school Web sites and team rosters.

Please complete this form and return to the school where it will be kept on file for future reference.

School Name:	
Athletic Direct/Dean:	
<i>Student Information</i>	
First Name:	Last Name:
Date of Birth:	Grade:

Information may include but is not limited to:

- Athletic statistics (Sport specific, weightlifting)
- Grades, transcripts
- Height, weight and grade classification
- Name and/or picture(s) in the school newspaper(s)
- Name and/or picture(s) in the school web page(s)
- Pictures for rosters and publications
- Phone and address list to be used for Booster Club help
- Scores on standardized intelligence tests
- Standardized Achievement Scores (ACT, SAT)

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1974. *See reverse for more information regarding FERPA.*

(please print) Parent/Legal Guardian

Signature

Date

Perris Union High School District 155 E. 4 th Street Perris, CA 92570	Athletic Release of Liability School Site: _____ School Year 20__ to 20__
Please complete and return to the Athletic Office at your school site.	
<u>Part 1.</u> I have read and agree with the information contained in the Athletic Participation Expectations document. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name of Student (Print) Signature of Student Date </div>	
<u>Part 2.</u> Summer Program Liability Release Traditionally, voluntary summer athletic programs are held throughout the school district. Be aware that these programs are strictly voluntary on the part of the coaches and the students who participate. Perris Union High School District does not assume any liability for your child's participation in these programs for either practice or competition. This includes transportation to and from any related even and/or any fees incurred. Days beyond the regular school year session determine the time frame of a summer program. Any athletic activity outside of the regular school year session is considered voluntary and Perris Union High School District is not held liable for activity during this period.	
<u>Part 3.</u> I/we have been made aware of and understand the risk and liability of high school sports and the threat of possible injury and/or even death in the event of a high school athletic event. Included in this release are the additional possible threat and/or injury for the exclusive sport of football. By signing this form, you acknowledge that fact that you (the parent/legal guardian of the athlete) are aware of all possible injuries in playing high school football and/or any other high school sport. Further that the athlete must be medically insured (including football coverage), at the expense of the family, in order to be cleared to participate in any athletic program. This form must be completed and signed by the student and parent/guardian prior to any involvement in the Perris Union High School District Athletic programs, either voluntary in the summer or during the regular school year. Further, for your own protection and safety, each student must have a current physical clearance on file which includes a fully completed physical examination/emergency form. As stated in the <i>California Education Code, Section 35330</i> , I understand that I hold the Perris Union High School District, its officers, agents, and employees harmless from any and all liabilities or claims which may arise out of or in connection with my child's participation in the voluntary summer athletic program. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name of Student (Print) Student Signature Date </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 33%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Parent/Guardian (Print) Parent Signature Date </div>	

Insurance:

It is mandatory that every athlete be covered by medical insurance. Neither the District nor the High School pay for any medical care of injured athletes, nor do they provide insurance coverage. If you do have insurance, please check with your provider and make certain that they cover football related injuries. In the event you do not have football coverage through your company or do not have medical insurances at all, you may enlist in an insurance program provided to the school by Myers-Stevens & Toohey & Co. You may obtain this information in the form of a brochure from the athletic office.

Transportation:

All athletes are expected to follow school and transportation rules set forth by the district and the transportation company that is utilized. Perris Union High School District supplies the transportation to and from all athletic contests for all teams. If a student athlete wishes to make special arrangements, on an occasional basis, to receive a ride from a parent/guardian, arrangements must be made prior to the event and must include proper documentation.

CONCUSSION FACT SHEET

FOR PARENTS/GUARDIANS/STUDENT ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body
 - from contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

CIF Bylaw 313, Play It Safer and AB 25

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 for the remainder of the day. A student-athlete who has been removed from play 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 receives written clearance to return to play from that health care provider.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms may include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Don't feel right.
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT CAN HAPPEN IF MY CHILD KEEPS ON PLAYING WITH A CONCUSSION OR RETURNS TOO 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.

WHAT YOU SHOULD DO 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 written medical clearance. Close observation of the athlete should continue for several hours. The new "CIF Bylaw 313" now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student-athletes.

**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.cifstate.org/health_safety/ & www.cdc.gov/concussion

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Perris Union High School District

Concussion Management Protocol- Play It Safe Concussion Care™

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. A **concussion** occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions *do not* result in loss of consciousness and, therefore, all suspected head injuries must be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice. In an effort to combat this injury the following concussion management protocol will be used for PUHSD student athletes suspected of sustaining a concussion.

- 1) Your school receives training to educate coaches, players and parents on how to recognize these types of injuries and what to do when they occur.
- 2) Prior to the start of the season, athletes participate in ImPACT™ to establish a baseline for future reference, should they be concussed at some point during the season. ImPACT™ is a neurocognitive test that evaluates multiple aspects of brain function including memory, processing speed, reaction time and post-concussive symptoms (it is not an IQ test).
- 3) When an athlete appears to have sustained a concussion, they are pulled from play and evaluated by the coach, or athletic director.
- 4) As needed, they are sent for clinical assessment and specialty care by a medical professional who is a credentialed ImPACT™ consultant (currently the Perris Union High School District has partnered with the Sports Clinic, in Riverside).
- 5) The athlete undergoes post-injury ImPACT™ test and evaluation. The results are compared to their pre-season baseline test.
- 6) The medical professional provides the athlete with an individual follow-up plan that may include rest, gradual re-exertion, and re-evaluation.
- 7) Related medical expenses incurred by the athlete to manage and care for the concussion, including the post-injury test, are billed to the excess insurance policy.
- 8) The athlete continues with follow-up care, ensuring a safe return-to-play.

Perris Union High School District is excited to implement this program and provide the best available information for managing concussions and the associated medical expenses. The administration, and coaching staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please contact your Athletic Director or Coach with any questions about the program.

PERRIS UNION HIGH SCHOOL DISTRICT Student-Athlete Concussion Statement

- ☐ I understand that it is my responsibility to report all injuries and illnesses to my Coach and/or Athletic Director.
- ☐ I have read and understand the *CIF/CDC Concussion Fact Sheet* (on the other side of this page).

After reading the CIF/CDC Concussion fact sheet, I am aware of the following information:

- _____ A concussion is a brain injury, which I am responsible for reporting to my Coach and/or Athletic Director.
Initial _____
- _____ A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep,
Initial _____ and classroom performance.
- _____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can
Initial _____ show up hours or days after the injury.
- _____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my Coach and/or
Initial _____ Athletic Director.
- _____ I will not return to play in a game or practice if I have received a blow to the head or body that results in
Initial _____ concussion-related symptoms.
- _____ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if
Initial _____ you return to play before your symptoms resolve themselves.
- _____ In rare cases, repeat concussions can cause permanent brain damage and even death.
Initial _____

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date

Printed name of Student-Athlete

Printed name of Parent/Guardian



Dear Parent/Guardian,

_____ School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor, neuropsychologist or a neuropsychologist at the University of Pittsburgh Medical Center (UPMC) to help evaluate the injury. (The UPMC Sports Concussion Program is the founding group of the ImPACT software.) The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

The information gathered from the ImPACT program may also be utilized in studies currently being conducted by both this school and UPMC. In order to ensure and guarantee your child's anonymity, we have set-up an anonymous data submission system. This data may anonymously be submitted to UPMC for their research purposes.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The _____ administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me at _____.

Sincerely,

XXX



Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport _____

Signature of Athlete

Date

Signature of Parent

Date



CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) _____

(child's date of birth) _____

to have a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Sample High School. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at SHS. I understand there is no charge for the testing.

Sample High School may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as indicated below.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: _____

Name of practice or group: _____

Phone number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

_____ (H) _____ (W)

_____ (cell)

1/2006

Perris Union High School District

"Growing Together Through Education"

155 East 4th Street, Perris, CA 92570 (951) 943-6369 Fax: (951) 943-9852

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;

- Other schools to which a student is transferring;

- Specified officials for audit or evaluation purposes;

- Appropriate parties in connection with financial aid to a student;

- Organizations conducting certain studies for or on behalf of the school;

- Accrediting organizations;

- To comply with a judicial order or lawfully issued subpoena;

- Appropriate officials in cases of health and safety emergencies; and

- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may call 1-800-437-0833.

Or you may contact us at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-852

Perris Union High School District Athletic Emergency/Medical Information & Participation Form

☐ Cheer ☐ Band
☐ Team Manager (mark sport below)

CHECK ALL SPORTS IN WHICH THIS STUDENT WILL PARTICIPATE IN:

FALL	WINTER	SPRING	
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Boys Tennis
<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Boys Golf	<input type="checkbox"/> Track
<input type="checkbox"/> Girls Tennis	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Softball	<input type="checkbox"/> Boys Volleyball
<input type="checkbox"/> Boys Water Polo	<input type="checkbox"/> Girls Water Polo	<input type="checkbox"/> Swimming	

Name (Student Athlete): _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone: _____ Today's Date: _____
 Grade: _____ Age: _____ Sex: _____ Date of Birth: _____ Place of Birth: _____
 Father's or Guardian Name: _____ Employer: _____ Phone: (____) _____
 Mother's or Guardian Name: _____ Employer: _____ Phone: (____) _____
 Emergency Phone/Pager#: (____) _____ Cell #: _____ Email: _____
 Family Physician _____ Phone: (____) _____ School attended previous Semester: _____
 List all schools attended in the last 12 months: _____

Medical History Questionnaire – This section must be completed:

	Yes	No		Yes	No
1. Are you currently under a doctor's care for any reason?			15. Do you have any trouble breathing before or after exercise?		
2. Have you ever been hospitalized?			16. Have you had any problems with your eyes or vision?		
3. Have you ever had surgery?			17. Do you wear glasses or contacts or protective eye wear?		
4. Are you currently taking any medications or pills?			18. Do you use any special equipment (splints, neck rolls, mouth guards, etc.)?		
5. Do you have any allergies (medicines, bee stings, etc.)?			19. Has anyone in your family died of heart problems or sudden death before the age of 50?		
6. Have you ever been dizzy or fainted during or after exercise?			20. Do you only have one working organ of usually paired organs (only one eye, kidney, etc.)?		
7. Have you ever had chest pains during or after exercise?			21. Have you ever sprained, broken, dislocated or had repeated swelling or pain of any bones or joints?		
8. Have you ever had high blood pressure?			22. Are any of the following currently bothering you? Hand / Wrist / Elbow / Forearm / Hip / Thigh / Knee / Ankle / Shin/Calf / Foot		
9. Have you ever been told you have a heart murmur?			23. Have you ever had a stinger, burner or pinched nerve?		
10. Have you ever had a racing heart or skipped heartbeats?			24. Have you ever had any medical problems or injuries? (asthma, mono, diabetes, etc)		
11. Have you had a head injury?			25. Have you had any medical problems since your last evaluation?		
12. Have you ever been knocked unconscious?			26. Were there any special instructions or precautions given by the Medical Practitioner?		
13. Have you ever had a seizure?			27. What was the date of your tetanus shot?		
14. Have you ever been dizzy or passed out due to the heat?			28. (Women only) Date of your first menstrual period: _____ When was your last menstrual period? _____ What was the longest period of time between your periods last year?		

Explain all "Yes" answers by question numbers, indicate dates for each item and include any special instructions

I/we hereby state, to the best of my/our knowledge, the answers to the questions for the medical history questionnaire above are true. I/we understand that by performing this examination, the undersigned physician does not assume responsibility for medical care of this individual. I/we verify that I/we have read and understand all material presented and all information I/we have provided is correct and I/we give permission for my/our child or ward to receive a physical exam and to participate in athletics. In the event reasonable attempts to contact the parent/guardian at the above phone numbers meets with no success, full authorization is given for the administration of any treatment deemed necessary by a medical practitioner, and the transfer of son/daughter or ward to any medical practitioner, and the transfer of my/our son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are provided above concerning the student athlete's medical history which a medical practitioner should know.

Family Health Insurance Co. _____ Policy ID # _____
 Signature of Athlete _____ Date: _____
 Signature of Parent or Guardian _____ Date: _____

DO NOT WRITE BELOW THIS LINE

	Blood Pressure	HEENT	Skin	Heart	Lungs	Abdomen	Flexibility/Strength
Normal							
Abnormal							

While this does not constitute a physical nor replace the need for a periodic health evaluation by a family physician, this individual appears to be physically capable of participation in interscholastic sports as of this date, except as indicated below.

☐ Cleared for sport without restriction(s)
☐ Cleared with the following restriction(s): _____
☐ Cleared after completing evaluation/rehabilitation for: _____
☐ Not cleared for participation in athletics

Doctor's Office Stamp: _____ Physician's Signature: _____ Date: _____