

Willows Unified School District
Willows High School
203 N. Murdock Avenue
Willows, CA 95988
(530) 934-6611

CONSENT TO PARTICIPATE IN SPORTS COMPETITION AND PROOF OF INSURANCE COVERAGE

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, but **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.**

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I hereby give my consent for my son/daughter, _____ to participate in the athletic program at Willows High School. I understand the following:

1. A physical exam is required, at my expense.
2. I must show proof of medical insurance coverage for my son/daughter through private health insurance, through Medi-Cal, or purchase coverage through C.I.F.
3. Signed Athletic Code form.
4. Each athlete is encouraged to purchase a student body card to support our athletic program.

MEDICAL INSURANCE COVERAGE FOR ABOVE-NAMED STUDENT

NAME OF INSURANCE CARRIER _____
ADDRESS _____
POLICY OR GROUP NUMBER _____ I.D. NUMBER _____
NAME OF INSURED _____
ADDRESS _____

AUTHORIZATION TO TREAT A MINOR

I (We), the undersigned parent, parents or legal guardian of _____,

a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to provisions of Section 25.8 of Civil Code of California.

Date _____ Signature _____
Father and/or Mother, or Guardian

Allergies to Drugs or Foods _____

Date of last Tetanus Toxoid Booster _____

Student Emergency Card Form

WILLOWS UNIFIED SCHOOL DISTRICT

STUDENT NAME: _____ GRADE: (upcoming season) _____
Last First

STUDENT ADDRESS: _____
Street
City
State

HOME PHONE: _____ DOB: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Work Phone: _____

EMERGENCY CONTACTS

List two (2) neighbors or relatives who will assume temporary care of your child if you cannot be reached. (They must be at least 18 years old)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I/WE, the parents of _____, a minor, authorize the Willows Unified School District to act as my/our agent in my/our absence to obtain such medical or hospital care as is reasonably necessary for the welfare of the student, including necessary transportation if he/she is injured in the course of school athletic or other activities. In the event said physician is not available at the time, I/WE authorize such care and treatment to be performed by a licensed physician or surgeon.

I/WE agree to bear all costs incurred as a result of the foregoing. I/WE hereby agree to hold the school district, its employees, agents, coaches, representatives, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature which may arise by or in connection with participation by my/our son or daughter in any activities related to the interscholastic involvement of his/her school.

Parent/Guardian Signature: _____ Date: _____

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PHYSICAL EXAM FORM

Student's Name: _____
(Last) (First) (Middle Initial)

Date of Birth: _____ Phone: _____

Medications taken daily: _____ Allergies: _____

Personal History (circle "Y" for yes and "N" for no)

- | | | |
|--|---|---|
| 1) Chest Pain/discomfort upon exertion | Y | N |
| 2) Unexplained fainting | Y | N |
| 3) Unexplained fatigue associated with exercise | Y | N |
| 4) History of heart murmur | Y | N |
| 5) History of high blood pressure | Y | N |
| 6) History of Asthma | Y | N |
| 7) Girls: Last menstrual period _____ | | |
| 8) Any other medical problems or concerns? _____ | | |

Family History:

- | | | |
|---|---|---|
| 1) Any relatives die of heart disease before age 50 | Y | N |
| 2) Heart problems in family members? | Y | N |

To be filled out by medical provider: (circle "N" for normal and "ABN" for abnormal)

HT: _____ WT: _____ B/P: _____ Temp: _____ HR: _____ Resp: _____

Appearance	N	ABN	Groin	N	ABN
HEENT	N	ABN	Extremities	N	ABN
Chest	N	ABN	Skeletal/muscle	N	ABN
CV	N	ABN	Back	N	ABN
Abdomen	N	ABN	Neuro	N	ABN

Assessment: 1) Well Child 2) _____ 3) _____

- ☐ Okay to participate in sports without restrictions
- ☐ Okay to participate in sports with the following restrictions: _____
- ☐ Restricted from participating until sees primary care provider for: _____

Date: _____ Provider's signature: _____

WILLOWS 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:

- | |
|---|
| <ul style="list-style-type: none">• 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 |
|---|

What can happen if my child keeps on playing with a concussion or returns to soon?

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

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
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STUDENT-ATHLETE

SOCIAL MEDIA AGREEMENT

Social media can be a useful tool to communicate with teammates, fans, friends, coaches and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status, or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above:

_____ I take responsibility for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear.

_____ I will not degrade my opponents before, during, or after games.

_____ I will post only positive things about my teammates, coaches, opponents and officials.

_____ I will use social media to purposefully promote abilities, team, community, and social values.

_____ I will consider “Is this the me I want to see?” before I post anything online.

_____ I will ignore any negative comments about me and will not retaliate.

_____ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain, or a coach.

_____ I am aware that I represent my sport(s), school, team, family and community at all Times, and will do so in a positive manner.

Student-Athlete Signature

Date