

Tracy Learning Center Athletic Eligibility Form

STUDENT EMERGENCY CARD

Please Print

Student Name _____ Sport: _____ SID# _____
Address _____ City _____ ZIP _____
Phone _____ Cell _____
Insurance Co. _____ Policy No. _____ Group No. _____
DOB _____ Asthma? Yes or No _____ Inhaler? Yes or No _____ Inhaler Type _____
Are you allergic to any medications? Please List _____
Presently taking any medication? _____
Contact Lens? Yes or No _____

Person to Contact in Case of Emergency:

Name of Mother _____ Phone Hm. _____ Wk. _____ Cell _____
Place of Employment _____ Work Phone _____ Email _____
Name of Father _____ Phone Hm. _____ Wk. _____ Cell _____
Place of Employment _____ Work Phone _____ Email _____
Additional Contact _____ Relationship _____ Phone _____
Additional Contact _____ Relationship _____ Phone _____

My son/daughter has permission to participate in athletics at _____ School and to travel with his/her team (s) for athletic contests. Should it be necessary for my child to have a medical treatment while participating in sports, or on a trip and if the District is unable to contact me, I hereby authorize _____ Unified School District personnel to use their judgement in obtaining medical services for my child. **I understand that my child must have medical insurance that provides at least \$1,500.00 accidental injury coverage.**

Parent/Guardian: _____ (signature required)

ACKNOWLEDGEMENT OF KNOWLEDGE OF RULES

Athletes and Parents: Please Take the time to read through the information in this packet. After reading the rules, please sign below as an acknowledgement that you have read and understand the policies, rules, and procedures of "Tracy Learning Center and agree to abide by them.

- We understand that giving false information on this application may result in the loss of athletic eligibility.
- We have read and understand the material included regarding the risks of participating on an athletic team, including the Football Helmet warning. We certify that we have read and understand the warning.
- All students must have a physical to participate on an athletic team. CIF Bylaw 308 -Physical examination states: As a condition of membership, schools will require that a student receive an **annual** physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. The physical report will be on a school board approved form that includes health history. The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition. **The Physical cannot expire during the season of sport.**
- We, parent, and athlete, have completed the health history and all information we provided is correct and complete.
- We, Parent and athlete, understand that any athlete even suspected of suffering a concussion or head injury shall be removed from the game or practice immediately and shall not return for the remainder of the day. **If removed for suspected concussion or head injury, the athlete 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. The "scope of practice" for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or a doctor of osteopathy (DO).
- We understand every athlete **must have medical insurance that provides at least \$1,500 accidental injury coverage.**
- We understand and agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician to treat a medical condition. We understand under CIF Bylaw 200.D, there could be penalties for giving false

information. We understand that **Tracy Learning Center** policy on illegal drug use will be enforced for any violation of these rules. We have read and agree to the policies stated in my schools' Parental/Guardian Code of Conduct and the "**Tracy Learning Center**" Code of Conduct, Board Policy ex2502 (2) regarding the conduct of athletes and the parents/guardians of **Tracy Learning Center** students participating in co-curricular activities. We agree that these rules are important in helping our students become good citizens with a high sense of moral integrity, participation at **Tracy Learning Center** . We acknowledge that a student may be disciplined or removed from a team for violation of any of the provisions of the codes or policies for co-curricular participation at **Tracy Learning Center** . We have read and understand that CIF "Ethics in Sports" Policy Statement, Code of Ethics, and the Violations and Minimum Penalties of this policy. We agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.

Signature of Student _____

Signature of Parent _____

Student Name _____

DOB _____

ATHLETICS – ASSUMPTION OF RISK OF ALL SPORTS

SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETICS PARTICPATION. By its very nature, competitive athletics may put students in situations in which accidents may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment that may result in accidents. Strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choices to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice or risk; athletic participation by students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in serious permanent physical impairment as a result of athletic competition. Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment work or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques. By granting permission for your student to participate in athletic competition, you as a parent or guardian, acknowledgement that such a risk exists. By choosing to participate in athletic competitions, you, the student, acknowledge that such a risk exists.

FOOTBALL PLAYERS: No helmet can prevent all head or neck injuries a player may receive while participating in football. DO NOT USE YOUR HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent. If any of the foregoing is not completely understood, please contact the Athletic Director at your High School for further information.

We have read and understand the material include in the "Assumption of Risk", including the football warning. I certify that I have read and understand the warning.

Signature of Student _____

Signature of Parent or Guardian _____

We have read and understand the parent/Athlete Concussion Information Sheet

Signature of Student _____

Signature of Parent or Guardian _____

MEDICAL INSURANCE AND REPRESENTATION OF PHYSICAL CONDITIONS

All student athletes must have medical/health insurance. Private insurance and Medi-Cal are acceptable. The California Education Code requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expense resulting from accident bodily injuries. I understand that the school district does not provide medical insurance for student-athlete injuries but does make voluntary student insurance available at an additional cost through a third-party provider. It is the responsibility of the parent to notify the school in the event insurance coverage changes or no longer applies to the student athlete.

Warrant that the student-athlete is in good health and has no physical condition that would prevent the student-athlete from participating in the event or activity and agree to carry personal medical insurance coverage for student -athlete

I understand that my child must have medical insurance that provides at \$1,500 accidental injury coverage. I, the parent, have completed the health history of my student athlete. I understand CIF By-law #306 requires an annual physical for participation in athletics and that the physical WILL NOT expire during the season of sport that the athlete is participating in.

CONSENT FOR MEDICAL TREATMENT

As the parent or guardian of the student athlete, I hereby give my consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb, or well-being of the student athlete.

Signature of Parent or Guardian _____

MEDICAL INSURANCE

I have medical insurance that provides coverages of at \$1,500 for accidental injury.

Name of Health Insurance Company _____ Name of Insured _____

Policy No. _____ Expiration Date _____

OR

SCHOOL INSURANCE

I have purchased the following type of coverage through **Tracy Learning Center**

School Time _____ Tackle Football (only) _____ 24-Hour Coverage _____

ATHLETIC PARTICIPATION WAIVER, RELEASE OF LIABILITY, CONCUSSION CONSENT, AND MEDICAL TREATMENT AUTHORIZATION

Student-Athlete First and Last Name:	
Parent/Guardian First and Last Name:	
Address:	
City:	
Zip:	
Email:	
Gender (Male, Female)	
Date of Birth: (MM/DD/YY)	

FOR GOOD AND VALUABLE CONSIDERATION, including permission for

_____ to participate in _____
(student-athlete) (event or activity)

and related activities, I, the parent/guardian of the student-athlete and on behalf of the student athlete:

CONSENT TO PARTICIPATE

Consent to the student-athlete's participating in the event or activity, and agree that should the student athlete or myself find any facilities and/or equipment to be unsafe, I will immediately advise the person supervising the event, activity, facility, or area;

ASSUMPTION OF RISK

Understand and acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still possibility. The student-athlete and I fully understand that participation may involve risk of serious injury or death of the student athlete or others, related to the very nature of the sports activity in which the student athlete is involved, including the activities and actions of other student athletes, conditions of the facilities, conditions of equipment being used, and the area where the event or activity is being conducted. I understand and acknowledge that some of the injuries/illness which may result from participating in this Activity include, but are not limited to, the following:

- Sprains
- Fractured Bones
- Unconsciousness
- Head and/or back injuries
- Paralysis
- Activity related injury/illness
- Loss of eyesight
- Communicable diseases
- Death

In the event of accident or illness, I assume any and all risks of personal injury or death to the student athlete related in any way to the student athlete's participation in the event or activity, including responsibility for any medical bills or other economic expense which may be incurred as a result of such participation;

AGREEMENT TO INDEMNIFY

Agree to indemnify and hold harmless the school district and its officers, agents, and employees, including but not limited to coaches, referees, volunteers, and sponsors, from any and all claims, causes of action or suits against them arising in any way from the student athlete's participation in the event or activity, regardless of whether the school district, its officers, agents, or employees, have in any way been negligent or otherwise at fault in connection with such personal injury, property damage or death.

Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with the student-athlete's participation in this event or activity without compensation from the "School District", and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;

RELEASE OF LIABILITY

On behalf of the student athlete and his heirs and successors, agree to forever release the _____ Unified School District and its officers, employees or agents, from any and all liability to the student athlete and his heirs and successors for personal injury, property damage, or wrongful death, resulting in any way from the student athlete's participation in the event or activity, regardless of how the injury occurs and regardless of any negligence or other fault on the part of the school district, or any of its officers employees or agents, which may contribute in any way to such personal injury, property damage or death, and further agree never to file any claim or suit against the _____ Unified School District and its officers, employees or agents as a result of personal injury property damage or death resulting in any way from the student athlete's participation in the event or activity.

SUSPECTED CONCUSSIONS

Student-athlete may not return to activity after a suspected head injury or concussion, regardless of how mild it may seem or how quickly symptoms clear, without medical clearance. I will inform the student-athlete's coach if I think the student-athlete has a concussion. If there is any doubt as to whether the student-athlete has suffered a concussion, the student-athlete will sit out and shall seek medical treatment and obtain a medical clearance prior to resuming activities.

ACKNOWLEDGEMENT RECEIPT OF CONCUSSION FACT 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 body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally functions. Even though most concussions are minor, all concussions are potentially serious and may result in complications, including prolonged brain damage and death if not recognized and managed properly.

ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AGREEMENT

THIS DOCUMENT RELIEVES "SCHOOL DISTRICT" AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

I acknowledge that I have carefully read, received, and understand the attached concussion fact sheet for parents and athletes and agree to the assumption of risk, release, and indemnity obligations set forth above. Furthermore, I understand and agree, that I have given up substantial rights by signing this document, and Sign voluntarily.

Parents' Initials

Student-Athlete's Initials

Printed Name of Mother/Guardian

Signature

Date

Printed Name of Father/Guardian

Signature

Date

Printed Name of Student-Athlete

Signature

Date

Minor Child

CONCUSSION

A Fact Sheet for Coaches

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

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 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 I KEEP PLAYING A STUDENT WITH A CONCUSSION OR RETURNS TOO SOON?

Athletes with the signs and symptoms of concussion should be removed from play immediately (CIF Bylaw 313). 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. It is your duty as a coach to place the health and safety of your student-athletes ahead of winning.

WHAT A COACH SHOULD DO IF YOU THINK YOUR PLAYER HAS SUFFERED A CONCUSSION

Any athlete even suspected of suffering a concussion **must** 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. 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. A coach's job is to ensure everyone follows these guidelines.



IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

CONCUSSION

A Fact Sheet for 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.**

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

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 include:

- Amnesia.
- Confusion.
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- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- 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 SHOULD I DO IF I THINK I HAVE A CONCUSSION?

DON'T HIDE IT. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

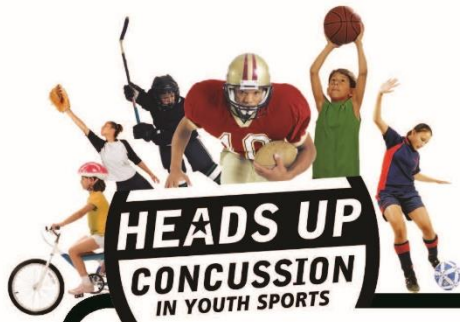
REPORT IT. TELL YOUR COACH – TELL YOUR PARENTS! Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

GET CHECKED OUT. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

TAKE TIME TO RECOVER. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



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



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

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

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

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

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



Hoja Informativa para los PADRES

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

Signos que notan los padres y los tutores

Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.

Para obtener más información, visite www.cdc.gov/ConcussionInYouthSports.

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION**

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a

victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

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

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

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

