

**ETIWANDA SCHOOL DISTRICT
PARENTAL CONSENT FOR VOLUNTARY INTRAMURAL SPORTS PARTICIPATION
RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

Please note: Three (3) parent/guardian signatures and one (1) student signature are required.

Student Name _____ Grade _____ DOB _____
Last First Middle

Address _____ Phone _____
Number/Street City Zip

School _____ Coach _____

Type of Intramural Sports _____ Location of Intramural Sports _____

Dates of Intramural Sports _____

Parent/Guardian Name _____ Phone _____
Employer _____ Phone _____
Name City

Parent/Guardian Name _____ Phone _____
Employer _____ Phone _____
Name City

EMERGENCY Contact _____ Phone _____
1. 2. Phone
Name/Relationship

Doctor Name _____ Phone _____

Name of Medical Insurance Carrier _____ Phone _____

Policy Number _____ Effective Date _____

As parent/guardian of _____, in order for my child to participate in intramural sports, I understand that I must provide proof that my child has Accidental Injury Insurance that covers medical and hospital expenses. Please attach proof of medical insurance to this form.

_____ **Signature of Parent or Guardian** _____ **Date** _____

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling (800) 827-4695.

INTRAMURAL SPORTS PARTICIPATION RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I acknowledge that my parent/guardian reviewed the concussion and sudden cardiac arrest information sheets with me. I will report any head injury, concussion symptoms, fainting, and/or sudden cardiac arrest symptoms or warning signs to my parent/guardian, teacher, PE teacher, and/or coach.

_____ **Signature of Student** _____ **Date** _____

1. I hereby give my consent to have my child _____ voluntarily participate in the Etiwanda School District intramural sports participation on District property. Participation may take place before, during, and after school hours, as well as on weekends and holidays. I the undersigned, hereby release and discharge the Etiwanda School District, its officers, employees, agents, servants and volunteers (herein collectively referred to as "District") from all liability arising out of or in connection with the District's intramural sports participation and all liabilities associated with any and all claims related to the District's intramural sports participation that may be filed on behalf of or for the above named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgements of any and every kind on account of any injury to the person or property of, or resulting in the death of the above named minor, that occurs during the District's intramural sports participation and that results from any cause including negligence of the District.
2. THE UNDERSIGNED ACKNOWLEDGES receiving and understanding the concussion and sudden cardiac arrest information sheets in the Parent-Student Handbook during online Data Confirmation process. I have reviewed this information with my child. I acknowledge the Parent-Student Handbook and information sheets are also available on the Etiwanda School District website and in the school office.
3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the District from any loss, liability, damage or cost they may incur due to the participation of my son/daughter in the intramural sports participation, and
4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in the intramural sports participation, and
5. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ AND VOLUNTARILY SIGN THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

_____ **Signature of Parent or Guardian** _____ **Date** _____

ETIWANDA SCHOOL DISTRICT
 PARENTAL CONSENT FOR VOLUNTARY INTRAMURAL SPORTS PARTICIPATION
 RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

HEALTH HISTORY

Student Name _____ Grade _____ DOB _____
Last First Middle

Please check Yes or No. If Yes, please list and include date(s).

1. Has your child been exposed to a communicable disease within the past 21 days? Yes No _____
2. Does your child have any of the following health problems?

a. Chronic or recurring illness	Yes	No	_____	g. Hernia (rupture)	Yes	No	_____
b. Recent broken bones	Yes	No	_____	h. Seizures (Epilepsy)	Yes	No	_____
c. Asthma	Yes	No	_____	i. Diabetes	Yes	No	_____
d. Heart disease	Yes	No	_____	j. Operations	Yes	No	_____
e. Hay fever	Yes	No	_____	k. Serious injuries	Yes	No	_____
f. Fainting spells	Yes	No	_____	l. Other	Yes	No	_____
3. Date of most recent Tetanus shot _____
4. Does your child have any drug or other allergies? (Insect bites or stings, penicillin, plants, foods, etc.) Yes No
 If yes, please list: _____
5. Does your child take any medications? Yes No If yes, please list type of medication, reason, dosage, frequency, name of prescribing physician. _____
6. If you have any concerns regarding your child's physical ability to participate in this activity, it is advisable for your child to have a physical examination.
7. If your child takes any medication that must be administered during intramural sports participation, you must have on file a Parental Consent for Administration of Medication form, as required by district policy and state law. Along with the form, an adult must provide the medication and the physician's specific directions concerning administration and dosage, emergency contact information for the prescribing physician, and any other medical instructions. If you need this form, please contact the school office.
8. Please note that in extremely rare instances where, because of a life threatening condition, the physician has prescribed in writing that the child carries his or her own medication, you should immediately contact the principal at your child's school site to schedule a conference. Please be prepared to bring your written request that the child be permitted to carry his or her own medication as well as specific, detailed instructions from the physician for administration, safe maintenance of the medication, and an explanation of why the child must carry the medication rather than keep it in a secure place in the school office for regular administration of the medication.
 (a) Medications that a physician requires that the child carry at school _____

Parent/guardian please initial indicating you have read above sections 1-8 regarding Student Health History for intramural sports participation. _____

INTRAMURAL SPORTS PARTICIPATION RELEASE OF LIABILITY AND CONSENT
 TO EMERGENCY MEDICAL TREATMENT

The above health history is correct so far as I know, and my child has permission to engage in all described activities and is physically fit to participate except as noted by me. As parent/legal guardian of _____, a minor, I do hereby consent that he/she voluntarily participate and compete in the Etiwanda School District intramural sports program, _____, and should the need arise, do hereby authorize and consent to any x-ray,

(Identify Sport Activities)

examination, anesthetic, medical or surgical diagnosis, and treatment 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 or dentist licensed under the provisions of the Dental Practice Act or 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 this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render any care, which the aforementioned physician in the exercise of his or her best judgement may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Etiwanda School District, its officers, or employees for any medical aid rendered and will reimburse the Etiwanda School District for all medical or other expense incurred in the care of my son/daughter.

In order that my son/daughter may receive all necessary medical treatment in the event of an injury or illness, I hereby hold the Etiwanda School District and its representatives harmless in the exercise of this authority.

_____ **Signature of Parent or Guardian** _____ **Date** _____

CONCUSSION INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

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

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

DOWNLOAD THE APP



You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Talk with your children and teens about concussions.

Tell them to report their concussion symptoms to you and their coach right away.

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

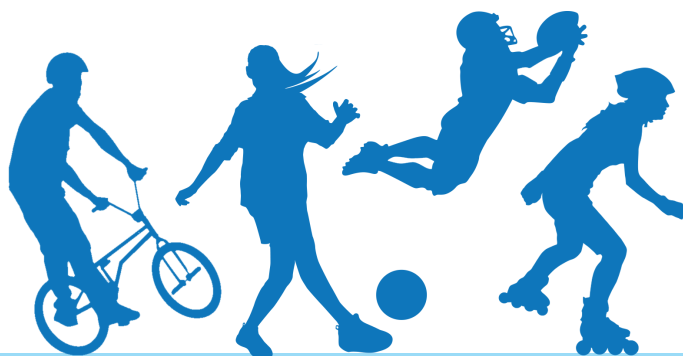
Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - » Work with their coach to teach ways to lower the chances of getting a concussion.
 - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - » Ensure that they follow their coach's rules for safety and the rules of the sport.
 - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO >> [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)

JOIN THE CONVERSATION AT

↳ www.facebook.com/CDCHEADSUP

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Sudden Cardiac Arrest

SCA AWARENESS

Etiwanda School District



Information Sheet for Athletes and Parents/Guardians

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

Tell your teacher/coach and consult your doctor if these conditions are present:

POTENTIAL SCA INDICATORS THAT MAY OCCUR

- Fainting or seizure, especially during or right after exercise
- Collapsed and unresponsive: gasping, gurgling, snorting, moaning, or labored breathing noises
- 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/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 heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

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 Advanced Care



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

REMOVAL FROM ACTIVITY

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until he or she is evaluated and cleared by a physician, nurse practitioner, or physician's assistant.



A brief video, available for parents who want to learn more about Sudden Cardiac Arrest (SCA) in youth, is located at: epsavealife.org/law/law-cif