Dear Parents and Athletes,

The 2019/2020 school year is just around the corner and many coaches and athletes are well underway preparing for the next season with conditioning sessions and summer leagues. We are excited about the prospects for our athletic program’s continued success and are busy making arrangements for the start of the fall season.

Part of our preparation is that we ensure the safety and well-being of all our student-athletes. This includes an athletic physical that needs to be completed by all student-athletes. All athletes must have a physical completed on or after June 1, 2019 in order to compete in the 2019/20 school year. The Athletic Physical forms that are required are attached to this packet. The physical examinations should be completed with your primary-care physical or a medical clinic. We suggest you schedule your appointment as soon as possible. Many offices and clinics will only schedule physical exams on a limited basis and many times these exams are scheduled several weeks in advance. The exception would be the option described below.

For your convenience Doctor’s Medical Center has offered all CCHS students (along with the rest of the high schools in Modesto) discounted physicals on Thursday June 20, 2019. Physicals will be taking place at Grace Davis High School from 9:00am to 6:00pm. The cost will be $25.00 with 100% of the money coming back to Central Catholic Athletics. While nobody is required to take advantage of the opportunity, this is a very generous gesture by DMC. For more information please email Coach Hylla-hylla@cchsca.org

It is imperative that the Athletic Physical form is completely filled out, as well as all of the athletic forms that are included in this packet. If any part of the CCHS Athletic packet is not complete, the student will not be allowed to participate in any school-sponsored physical activities. Last, year many students were unable to begin practice, conditioning and even athletic contests due to incomplete paperwork. All athletic paperwork must be turned into the Athletic Director no later than July 26, 2019 to insure the athlete is cleared for the first day of practice. Students may not begin official CCHS practices until all necessary forms including a physical are completed and processed by the Athletic Director. Processing could take up to 7 days from submission.

If you have any questions about the Central Catholic Athletic paperwork, please call the school at 524-9611.

God Bless and go Raiders!
PROCEDURE FOR ATHLETIC CLEARANCE TO PARTICIPATE IN SPORTS

In order to be cleared to participate in athletics for the school year the following items must be completed and signed by the athlete and a parent/guardian where indicated, and returned to the FRONT OFFICE. All forms must be processed before athletes may participate in any athletic activity. Please allow 7 days for processing.

1. CCHS Athletic Code Contract
2. CCHS Athletic Consent Form
3. CCHS Field Trip Permission form.
4. CIF Concussion Information Form
5. CIF Cardiac Arrest Information Sheet
6. CCHS Athletic History and Physical Examination form with the proper clearance by a doctor.
7. Football Players: Must **ACCEPT or DECLINE** the Voluntary Interscholastic Tackle Football Insurance from Meyer’s-Stevens.

**The Athletic Consent form must have the name of your insurance company and the policy number.**

**DO NOT SEPARATE SHEETS**
**KEEP THE PACKET INTACT!**

CENTRAL CATHOLIC HIGH SCHOOL
DEPARTMENT OF ATHLETICS
200 S. Carpenter Road, Modesto, CA 95351 • (209)524-9611 • FAX (209)524-4913
Central Catholic High School

ATHLETIC CONSENT

Dear Parent/Guardian and Athlete:

Our first concern is the physical and emotional health of your son/daughter as a participant in competitive sports. Please complete all parts of this form and return it to the FRONT OFFICE. In all cases, final approval for participating in competitive sports will be made by our school team physician.

Please read carefully and provide the requested information: (please print)

Athlete Name: ___________________________ Grade: _______ Birth Date: _______ Parent/Guardian Name: ___________________________

Parent/Guardian address: ___________________________ City: _______ Phone Number: _______

PERMISSION: My son/daughter has my permission to participate in the following sports at Central Catholic High School during the school year 2019/2020.

PLEASE CHECK ONE PER SEASON:

<table>
<thead>
<tr>
<th>FALL SPORTS</th>
<th>WINTER SPORTS</th>
<th>SPRING SPORTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross Country</td>
<td>Boy’s Basketball</td>
<td>Baseball</td>
</tr>
<tr>
<td>Football</td>
<td>Girl’s Basketball</td>
<td>Boy’s Golf</td>
</tr>
<tr>
<td>Girl’s Golf</td>
<td>Spiritleading</td>
<td>Boy’s Tennis</td>
</tr>
<tr>
<td>Girl’s Tennis</td>
<td>Wrestling</td>
<td>Softball</td>
</tr>
<tr>
<td>Spiritleading</td>
<td>Girl’s Soccer</td>
<td>Swimming</td>
</tr>
<tr>
<td>Volleyball</td>
<td>Boy’s Soccer</td>
<td>Track and Field</td>
</tr>
<tr>
<td>Water Polo</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Insurance for the Athlete: Coverage required by state law. Please check below:

______ I.T.F. Extra Coverage. Valid for Football only.

______ We carry our own Medical Insurance which covers our son/daughter for any illness or injury received while participating in Central Catholic High School Athletics and the policy meets the State minimum requirements listed below:

$1,500.00 in case of accidental death, $1,500.00 for hospital and medical care.

NAME OF INSURANCE COMPANY: ___________________________ Policy #: _______

We understand any additional medical, hospital, or dental expense not covered by our insurance will be our responsibility.

EQUIPMENT RESPONSIBILITY

We understand some school equipment will be issued to each athlete for which the athlete is held responsible. Reimbursement must be made to the Athletic Department for any lost, stolen, or damaged articles. No athlete will be allowed to participate in any other sports, receive any awards, or receive a report card until all equipment from the previous sport has been accounted for or returned.

PARENT/GUARDIAN CONSENT

My son/daughter has our/my permission to (1) represent Central Catholic High School in competitive sports, (2) to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. (3) I also consent to our family physical releasing medical information to the school physician regarding the above student.

______________________________________________________
Student Signature: ___________________________ Date: _______

______________________________________________________
Parent/Guardian Signature: ___________________________ Date: _______
I, ____________________________ agree as follows:

Print Athlete’s Name

1. To develop my God-given athletic talent to its greatest potential by exemplifying commitment, work, cooperation and determination.
2. To abide by all rules and regulations set in the CCHS Athletic Code.
3. To meet or exceed all CCHS classroom/academic obligations.
4. To always represent CCHS in a positive and respectful way.
5. To be proud to be a CCHS athlete.

___________________________________________
Athlete’s Name (print)

___________________________________________
Athlete’s Signature

In order for an athlete to receive clearance to participate in athletics, this contract must be signed and returned along with the CCHS Athletic Consent form, the CCHS Athletic History and Physical Examination form and the CCHS Student Field Trip Permission form to the Athletic Director.

We have read and discussed the Central Catholic High School Athletic Code located in the Parent/Student Handbook. We understand and agree to all of the provisions and will abide by the spirit of the Code. Any violations of the rules and regulations may result in the loss of athletic privileges at Central Catholic High School.

___________________________________________
Parent/Guardian Name (print)

___________________________________________
Parent/Guardian Signature

___________________________________________
Date

CENTRAL CATHOLIC HIGH SCHOOL
DEPARTMENT OF ATHLETICS
200 S. Carpenter Road, Modesto, CA 95351 • (209)524-9611 • FAX (209)524-4913
By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL accidents could occur.

Students and parent/guardian must assess the risks involved in such participation and make their choice 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 of risk; participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over stated.

By granting permission to your son/daughter to participate in athletic competition, a parent/guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing include but are not limited to: death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well-being.

Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches’ instructions regarding techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.

If any of the foregoing is not completely understood and you have questions, please contact your school athletic director or school administrator for further information.

At the beginning of the school year or a season of practice, both the athlete and parent need to be informed in writing of the above information. The school must require that both the athlete and the parent sign and date a sheet of paper acknowledging that they have read the above statement and understand it thoroughly. This paper, with signatures, should be kept on file with the Athletic Director.

It is also preferable to have this warning additionally transmitted verbally to parents and athletes at pre-season meetings held by either the coach or athletic director. It is one of the legal responsibilities of the school that parents be informed of both awareness of risk and the responsibility to follow instructions and then give their consent to participate.

I have read and understand the information above and give my son/daughter permission to participate.

Parent Signature ___________________________________________________________ Date __________________

I have read and understand the information above and I want to participate.

Student Signature ___________________________________________________________ Date __________________
Central Catholic High School
FIELD TRIP PERMISSION

Student Name (Print) ____________________________ Grade __________

Date(s) of Field Trip: 2019/2020 ATHLETIC SEASON
Purpose of Field Trip: ATHLETIC TRANSPORTATION
Destination: ATHLETIC COMPETITIONS or ATHLETIC RELATED EVENTS
Teacher/advisor/chaperone: SUPERVISING COACH

I, the undersigned, parent or legal guardian of the above-named student, request that he/she be allowed to participate in, and give my permission for his/her participation in the activity(ies) listed above. I hereby release and hold harmless the school and any and all of its employees from any and all liability for any and all harm arising to my child and for any loss of property as a result of these activities.

Permission is given for the student named above: (please initial appropriate space)

_____ to be a passenger when an adult will be driving
_____ to travel by public or chartered transportation
_____ for my child to drive his/her own car
_____ for my child to travel by Central Catholic High School vehicles

MEDICAL PERMISSION FORM
I, the undersigned, parent or legal guardian of _________________________________, a minor, do hereby appoint teacher/advisor and/or chaperone as agent(s) for the undersigned for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of nearest Emergency Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which any physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code and shall remain effective from 7/1/19 to 6/30/20 unless sooner revoked in writing to said agent(s).

Parent / Legal Guardian signature ____________________________ (Date) __________

(Address) __________ (City) __________ (Zip) __________

NECESSARY MEDICAL INFORMATION:

1. Full name of child ____________________________ 1a. Date of birth __________
2. In case of accident, call ____________________________ 2a. Home telephone __________
   Home address __________ Alternate telephone __________
3. Alternate person to call ____________________________ 3a. Telephone __________
4. Physician's full name ____________________________ 4a. Telephone __________
5. Family insurance policy ____________________________ 5a. Policy number __________
6. Describe in full any allergies (drug, food, insect bites, etc) or limitations on physical activity:
   Drug allergies: _____________________________________________________________
   Food allergies: ___________________________________________________________
   Other allergies: __________________________________________________________
   Physical limitations: _______________________________________________________
Central Catholic 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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Amnesia</td>
</tr>
<tr>
<td>“Pressure in head”</td>
<td>“Don’t feel right”</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>Fatigue or low energy</td>
</tr>
<tr>
<td>Neck pain</td>
<td>Sadness</td>
</tr>
<tr>
<td>Balance problems or dizziness</td>
<td>Nervousness or anxiety</td>
</tr>
<tr>
<td>Blurred, double, or fuzzy vision</td>
<td>Irritability</td>
</tr>
<tr>
<td>Sensitivity to light or noise</td>
<td>More emotional</td>
</tr>
<tr>
<td>Feeling sluggish or slowed down</td>
<td>Confusion</td>
</tr>
<tr>
<td>Feeling foggy or groggy</td>
<td>Concentration or memory problems (forgetting game plays)</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>Repeating the same question/comment</td>
</tr>
<tr>
<td>Change in sleep patterns</td>
<td></td>
</tr>
</tbody>
</table>

### Signs observed by teammates, parents and coaches include:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed</td>
</tr>
<tr>
<td>Vacant facial expression</td>
</tr>
<tr>
<td>Confused about assignment</td>
</tr>
<tr>
<td>Forgets plays</td>
</tr>
<tr>
<td>Is unsure of game, score, or opponent</td>
</tr>
<tr>
<td>Moves clumsily or displays incoordination</td>
</tr>
<tr>
<td>Answers questions slowly</td>
</tr>
<tr>
<td>Slurred speech</td>
</tr>
<tr>
<td>Shows behavior or personality changes</td>
</tr>
<tr>
<td>Can’t recall events prior to hit</td>
</tr>
<tr>
<td>Can’t recall events after hit</td>
</tr>
<tr>
<td>Seizures or convulsions</td>
</tr>
<tr>
<td>Any change in typical behavior or personality</td>
</tr>
<tr>
<td>Loses consciousness</td>
</tr>
</tbody>
</table>
What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/ConcussionInYouthSports/

_____________________________       _____________________________       _____________
Student-athlete Name Printed            Student-athlete Signature                Date

_____________________________     ______________________________       _____________
Parent or Legal Guardian Printed            Parent or Legal Guardian Signature                Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010
Why am I getting this information sheet?

You are receiving this information sheet about Heat Illness because of California state law AB 2500 (effective January 1, 2019), now Education Code § 49475:

1. The law requires a student athlete who has been removed from practice or play after displaying signs and symptoms associated with heat illness must receive a written note from a licensed health care provider before returning to practice.
2. Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), heat illness (AB 2500) as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is Heat Illness and how would I recognize it?

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high.

Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Young athletes should be pre-screened at their pre-participation physical exam for medication/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Athletes with any of these factors should be supervised closely during strenuous activities in a hot climate. Fatal heat stroke occurs most frequently among obese high school middle lineman.

Much of one’s body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, such as Gatorade, etc., but just plain water is all that is really required because the athlete will replace the lost minerals with his/her normal diet.

PREVENTION: There are several steps which can be taken to prevent heat illness from occurring:

ADEQUATE HYDRATION The athlete should arrive at practice well-hydrated to reduce the risk of dehydration. The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.

Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.

Athletes should be instructed to continue fluid replacement in between practice sessions.

GRADUAL ACCLIMATIZATION: Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes’ time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

A FREE online course “Heat Illness Prevention” is available through the CIF and NFHS at https://nfhslearn.com/courses/61140/heat-illness-prevention.
**Parent/Student CIF Heat Illness Information Sheet**

**HEAT EXHAUSTION:** Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

**Treatment:** Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital emergency if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

**HEAT STROKE:** Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.

**Warning Symptoms:** This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

**Treatment:** Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

**Signs observed by teammates, parents and coaches include:**

<table>
<thead>
<tr>
<th>Dizziness</th>
<th>Weakness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drowsiness, loss of consciousness</td>
<td>Hot and wet or dry skin</td>
</tr>
<tr>
<td>Seizures</td>
<td>Rapid heartbeat, low blood pressure</td>
</tr>
<tr>
<td>Staggering, disorientation</td>
<td>Hyperventilation</td>
</tr>
<tr>
<td>Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)</td>
<td>Vomiting, diarrhea</td>
</tr>
</tbody>
</table>

**Final Thoughts for Parents and Guardians:**

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather in many parts of the California. Many of the heat problems have been associated with football, due to added equipment which acts as a barrier to heat dissipation. Several heatstroke deaths continue to occur each season in the United States. There is no excuse for heatstroke deaths if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about possible heat illness signs and symptoms that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

__________________________________
Student-Athlete Name

_______________________________
Student-Athlete

Signature

_______________________________
Parent or Legal Guardian Name

__________
Parent or Legal Guardian

Signature

__________
Date

__________
Date

__________
Date
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 each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

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.

What should you do if your student-athlete is experiencing 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 physician, surgeon, nurse practitioner or physician assistant. 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.

Cardiac Chain of Survival
On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed 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.

Recognition of Sudden Cardiac Arrest
Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

Call 9-1-1
Follow emergency dispatcher’s instructions. Call any on-site Emergency Responders.

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

Defibrillation
Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

Advanced Care
Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

Recognize the Signs & Risk Factors
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, diet pills or performance-enhancing supplements
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.

What are we doing to help protect student athletes?
The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. 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, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and 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 protocol to incorporate SCA prevention strategies into my/my student’s sports program or activity.

For more information about Sudden Cardiac Arrest visit

| California Department of Education | Eric Paredes Save A Life Foundation | California Interscholastic Federation (CIF) | National Federation of High Schools Free |
| cde.ca.gov | epsavealife.org | cifstate.org | 20-Min. Training Video For Coaches, Parents or Anyone Involved in Student Sports Activities |
| | | | nfhsslearn.com/courses/61032 |
Central Catholic High School
Medical History – to be completed by parent/guardian

Student Name: ____________________________
Date of Birth: ____________________________

Gender: Male _____ Female _____ (Check one)

Sport(s): ______________________________________________________________________________________

Grade Level: (Circle one) 9 10 11 12

Physician Name: ____________________________________________
Physician Address: ____________________________________________
Physician Phone: ________________________________

Medical Insurance: ____________________________________________
Policy Number: ____________________________
Preferred Hospital: ____________________________

Complete the information below.

Yes _____ No _____ Has a doctor ever denied or restricted your participation in sports?
Yes _____ No _____ Have you ever been hospitalized or had surgery?
Yes _____ No _____ Are you presently taking any prescription or nonprescription medications or supplements?
Yes _____ No _____ Have you ever passed out / been dizzy/had chest pain during or after exercise?
Yes _____ No _____ Do you or your relatives have a history of hypertrophic cardiomyopathy or Marfan syndrome?
Yes _____ No _____ Do you or your relatives have a history of irregular heart rhythm, WPW, Long QT syndrome?
Yes _____ No _____ Have you ever had high blood pressure or congenital heart disease or heart murmur?
Yes _____ No _____ Have you ever had racing of your heart or skipped heartbeats?
Yes _____ No _____ Has anyone in your family died of heart problems or sudden death before age 50?
Yes _____ No _____ Do you have any skin problems (acne, ring worm) or ever been diagnosed or treated for a MRSA infection?
Yes _____ No _____ Have you ever had a spine or neck injury?
Yes _____ No _____ Have you ever been knocked out, unconscious or had a concussion? How many concussions?
Yes _____ No _____ Have you ever had a seizure?
Yes _____ No _____ Have you ever had a stinger, burner, or pinched nerve?
Yes _____ No _____ Have you ever had heat stroke or heat related significant muscle cramps?
Yes _____ No _____ Have you ever had a headache with heat or exercise?
Yes _____ No _____ History of trouble breathing or wheezing during or after activity? History of asthma or used an inhaler?
Yes _____ No _____ Do you use any special equipment (pads, braces, mouth guard, eye guard, etc.)?
Yes _____ No _____ Have you had any problems with your eyes or vision?
Yes _____ No _____ Do you wear glasses, contacts, or protective eyewear? Do you have any artificial or prosthetic devices?
Yes _____ No _____ Have you ever severely sprained, dislocated, or fractured (broken) any bones/joints?
Yes _____ No _____ Have you had any other medical problems (infectious mononucleosis, diabetes, hypoglycemia, etc.)?
Yes _____ No _____ History of bleeding or clotting disorder, sickle cell disease/trait?
Yes _____ No _____ Were you born without or are you missing any organ (kidney, eye, testicle, ovary, etc.)?

1. Explain any “yes” answers from above. ___________________________________________________________

2. Are there other medical concerns the athletic department needs to be aware of? ______________________________

By signing below, I hereby state that to the best of my knowledge, the answers above are correct.

Signature of athlete: ____________________________ Date: ____________________________

Signature of parent/guardian: ____________________________ Date: ____________________________
Physical Evaluation – to be completed by Physician

Student Name: ________________________________

Date of Birth: ________________________________

Height: ________________________________

Weight: ________________________________

Blood Pressure: ________________________________

Pulse: ________________________________

Vision: Right 20/_____ Left 20/_____ Corrected: Right 20/_____ Left 20/_____

Allergies: ________________________________

<table>
<thead>
<tr>
<th>Category</th>
<th>Normal</th>
<th>Abnormal</th>
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<tbody>
<tr>
<td>Ears/Nose/Throat</td>
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<tr>
<td>Pupils</td>
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<td>Abdominal</td>
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<tr>
<td>Genitalia (males only)</td>
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<tr>
<td><strong>Musculoskeletal</strong></td>
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<tr>
<td>Foot</td>
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</tbody>
</table>

Clearance (check the appropriate box below):

☐ Cleared without restrictions
☐ Cleared after completing evaluation/rehabilitation for: ________________________________
☐ Not cleared for (please circle appropriate box)
  ☐ Collision
  ☐ Contact
  ☐ Non-contact

Recommendation: __________________________________________
________________________________________

Physician Name: ________________________________

Physician Address: ________________________________

Physician Phone: ________________________________

Signature of Physician: ________________________________ Date: ________________________________
Doctors Medical Center’s Sports Medicine Program is gearing up for the 2019-20 High School Sports Season! DMC will provide pre-participation screenings for all high school students on:

Thursday, June 20, 2019
9:00am - 6:00pm

Davis High School Gym
1200 W Rumble Road
Modesto

Screening fee is $25

Please make checks payable to Doctors Medical Center

Doctors Medical Center will be donating 100% of the funds to the High School Student Body Accounts

Athletic physical cards can be acquired from your school’s Athletic Director or coach. Be sure to give your high school information at registration. Students must bring completed signed Athletic Physical Cards with them to the screenings. Parents must sign the cards.

Special thanks to California Rehabilitation and Doctors Medical Center affiliated physicians, Dr. Jonathan Pettegrew and Dr. Robert Barandica, for their help in making this event possible.

For more information about the pre-participation screenings please contact your Athletic Director or Coach.