

**LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY INFORMATION FORM**

Academy

Parent information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

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<p>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</p> <p>The undersigned, as parent/legal guardian of, _____ a minor, <small>(Print name of the student here)</small></p> <p>hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.</p> <p>HEALTH ALERTS - List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".</p> <p>DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families</p> <p>MEDI-CAL / HEALTHY FAMILIES ID Number: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="1">1. PRIVATE HEALTH INSURANCE NAME</td> <td colspan="1">GROUP NO.</td> <td colspan="1">2. PRIVATE HEALTH INSURANCE NAME <small>(if covered under more than one plan)</small></td> <td colspan="1">GROUP NO.</td> </tr> <tr> <td colspan="2">NAME OF DOCTOR / MEDICAL OFFICE</td> <td colspan="2">PHONE NUMBER OF DOCTOR / MEDICAL OFFICE</td> </tr> </table> <p><small>* If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.</small></p> <p>MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS: _____</p> <p>MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: _____</p> <p>I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.</p> <p><i>X</i> _____ DATE _____</p> <p>SIGNATURE OF: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN</p>										1. PRIVATE HEALTH INSURANCE NAME	GROUP NO.	2. PRIVATE HEALTH INSURANCE NAME <small>(if covered under more than one plan)</small>	GROUP NO.	NAME OF DOCTOR / MEDICAL OFFICE		PHONE NUMBER OF DOCTOR / MEDICAL OFFICE																											
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MIDDLE INITIAL

* Selected telephone number must be a direct dial number (no extensions).

Green Copy - Athletic Director Yellow Copy: Head Coach



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Green Copy - Athletic Directors Yellow Copy: Head Coach



NO BULLYING OR HAZING CONTRACT

Student and Parent/Guardian Agreement

Bullying and hazing are serious matters. Bullying is any mean or disrespectful behavior that is done on purpose to hurt someone physically or emotionally. Hazing is any initiation into a team or group that may cause humiliation, physical or emotional harm.

There are different types of bullying and misconduct including, but not limited to:

Physical Bullying: hitting, kicking, pushing or other unwelcome physical contact. *Serious physical bullying may be regarded as a criminal act, such as battery or assault.*

Cyberbullying: using electronic devices to embarrass, spread rumors, threaten or intimidate. This includes posting or sending inappropriate messages or images by text, cell phone or on social networking sites such as Facebook, Instagram or Twitter. *Sending nude or sexual images may be considered distribution or possession of child pornography, which is a crime.*

Social Bullying: leaving people out, rejecting, manipulating relationships, rating or ranking people, or trying to ruin the reputation of another.

Verbal Bullying: name calling, teasing, spreading hurtful rumors or gossip, making threats or rude noises. *I understand that all threats are taken seriously and may be reported to law enforcement.*

Non-Verbal Bullying: posturing, dirty looks, stalking, damaging property, graffiti, making gang signs or other efforts to intimidate or pressure someone.

Indirect Bullying: getting someone to do something mean or hurtful to someone else on your behalf.

Sexual Harassment: any unwanted or demeaning behavior about someone's sex, sexual orientation, gender, gender identity or gender expression. *Even if I like the person I must be respectful at all times. Sexual harassment may require additional investigation.*

Discrimination: targeting someone based on their real or perceived race, color, national origin, religion, disability or medical condition, sex, sexual orientation, gender, gender identity or gender expression may be considered an act of hate and may be a crime.

I, _____ understand that it is my responsibility to:
STUDENT NAME

- ✓ Respect and honor all school rules.
- ✓ Conduct myself in a respectful manner.
- ✓ Treat and respect others the way I would like to be treated.
- ✓ Tell the person who is bullying to "Stop!"
- ✓ Stop now, if I am bullying others. There are better ways to be a leader, get respect, and have friends.
- ✓ Be thoughtful. What I think is just a joke could be considered bullying, hazing or discrimination.
- ✓ Report bullying to a teacher, principal or other school staff.

Everyone has the right to attend a school that is safe and respectful.

Student's responsibility:

I commit that I will not bully. I will report bullying to an adult. I understand that if I bully, there will be consequences, including possible suspension, expulsion, or arrest. **I am important. I make a difference. I can be a positive leader.**

STUDENT NAME _____ SIGNATURE _____ DATE _____

Parent/Guardian's responsibility:

I commit to encouraging my child to always respect others. I have instructed my child to be a positive leader. I have advised my child to report any bullying to a trusted adult or school personnel. I will work with the school for peaceful solutions.

PARENT/GURDIAN NAME _____ SIGNATURE _____ DATE _____

Cesar E. Chavez Learning Academies – Parent Code of Conduct

*We, the Athletics Staff at Cesar E. Chavez Learning Academies have implemented the following **Sport Parent Code of Conduct** for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating as CCLA athletes. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.*

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.

2. I will remember that children participate to have fun and that the game is for youth, not adults.

3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.

4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.

5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, **player**, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.

8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.

10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.

11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.

12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.

13. I will emphasize skill development and practices and how they benefit my child over winning.

14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.

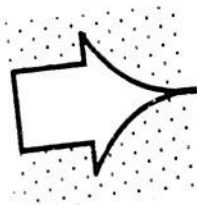
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.

16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature 

**SIGN
HERE**



Cesar E. Chavez Learning Academies

"Home of the Eagles"

Dear Parents,

FALL/ WINTER/ SPRING

Cesar E. Chavez Learning Academies (CCLA) athletics continue to establish a rich and rewarding athletic experience for our students. Many student athletes have enjoyed athletic success both at the high school and now at college levels.

Maintaining this athletic legacy is very difficult and expensive. The athletic budget at Cesar E. Chavez and at most high schools is the most expensive to maintain.

Many of our expenses include but are not limited to:

- Coaches Pay •Transportation Costs •Equipment Costs •Uniform Costs
- Umpire Fees •Supervision Costs •CIF dues •Athletic Tournament Fees

To supplement and offset these costs, CCLA expects all students involved in extra-curricular activities (to include athletics) to participate in a Student Body fundraiser during season.

Students will be issued a receipt for all monies turned in. **All money MUST be returned within three weeks.** All students are expected to participate.

If it is a candy drive fundraiser, please be reminded that each student is responsible for each and every candy bar that is checked out and students under the age of 16 may not solicit on the street or door-to-door unless supervised by an adult.

My signature(s) below signifies my understanding of the expectations to participate and sell candy to support the Student Body and Athletic budgets.

Student _____ Sport _____ Academy _____



Parent Signature  _____ Date _____

Checks preferred- please make checks payable to CCLA PTSA

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.

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.

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

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.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

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>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>





**Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print) 2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent of guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.



4. Signature of Parent/Guardian 5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City 8. State 9. Zip Code

10. Telephone

Granting of permission is voluntary. Please return completed form to school.

11. Principal

12. School

Approved as to form by the
Office of the General Counsel.

This form shall not be amended without
written approval of both the Office of the
General Counsel and the Office of
Communications/Public Information

(Cesar E. Chavez Learning Academies)

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 	

(Cesar E. Chavez Learning Academies)

Concussion Information Sheet

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
X	X	
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Academy:

Name	Date of Birth		
Address	Grade	Track	
School Last Fall	School Last Spring	Date Entered Ninth Grade	
Fall 1	Nurse	Winter 1	Nurse
Fall 2	Nurse	Spring 2	Nurse

CIF LOS ANGELES CITY SECTION HIGH SCHOOL
ATHLETE'S ELIGIBILITY INFORMATION AND PARENT'S CONSENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS

A member of a high school team has many responsibilities. Among them is remaining eligible or reporting your ineligibility immediately should it occur. The Rules and Regulations for a high school athlete are as follows: Athletes are eligible to participate in interscholastic athletics only if they are in good standing in all contests in which the student participates. In individual sports only, the points which the student won must be forfeited. Summarized below are the eligibility rules which you must observe:

- Only students who are amateurs may participate in athletic contests.
- Students on high school teams become ineligible if they play on "outside" teams, in the same sport, during their high school season of the sport.
- For the purpose of this rule, outside competition is prohibited from the opening contest (scrimmage) until the final contest of that sport (league, playoff, or state competition) in which that school is involved, both dates inclusive. The prohibition on playing on outside teams applies to school holidays and vacation periods which occur during the season of the sport.
- To be eligible for an athletic contest a student must be in attendance at school for at least two class hours on the day of the contest exclusive of the lunch hour and the athletic meeting. A student who is currently enrolled in at least 20 semester periods of work and passed in at least 20 semester periods of work at the completion of the last regular school meeting must observe this rule.
- The legal residence of a student who represents a high school must be in the school district of that school when registering as an entering student. Any student who registers in a school other than the one in whose district the student legally resides in is ineligible to represent that school in interscholastic athletics. A permit which carries athletic privileges or on a Statement of Residence. If a Statement of Residence is on file, a student is ineligible to compete in athletics until 20 weeks of attendance have been completed in the new school.
- Students who knowingly fail to provide complete and accurate information regarding eligibility to participate in athletics shall be declared ineligible to represent their school in any sport for up to twelve months following the date of the discovery of the offense.
- When a bus is furnished to transport athletic teams to contests, only those participants traveling by bus will be eligible to compete. Students assigned to but not travel must return by bus.

Both the applicant student and a parent or guardian must read carefully and sign. If there are any questions, contact the Athletic Director () of the Administrator in Charge of Athletics at () or the

PLEASE SIGN THE FOLLOWING AFFIRMATION: I am aware of my responsibilities and the regulations governing my participation in connection with the Interscholastic Athletic program. I will not govern myself in my association with the field, volleyball, wrestling, cheer, dance team, drill team, and marching band including travel to and from athletic contests at other schools or locations. I have read and understand the above rules and regulations. Any attempt to circumvent the above rules will result in my being declared ineligible.

Student-Athlete Signature	Date
Parent Signature	Date

ATHLETIC INSURANCE CERTIFICATE

The governing board of each school district of any kind or class shall provide insurance protection for medical and hospital expenses resulting from accidents bodily injured in an amount of at least five thousand dollars (\$5000) for all such services for each member of an athletic team, through group, blanket or individual policies of insurance from an authorized insurer or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code for minor accidents. Any such insurance policy shall be in force on and after the date of the athlete event. *Calif Ed Code, Title 19, Chapter 2, Article 3, Section 47221 (pre 1001, 1005, 1006), Revised 1975, Amended 1980.* Five thousand dollar (\$5000) insurance protection for medical and hospital expenses resulting from accidental bodily injuries must be provided for each member of an athletic team by the student's high school parent or guardian through group, blanket policies, etc., or through the insurance carrier for the District. I certify that this student has at least five thousand dollars (\$5000) protection for medical and hospital expenses with

Name of Insurance Carrier (A valid copy of the Insurance Card must be attached to this form)	Policy or Group Number
I understand that the insurance requirement may be met by purchase of school District approved insurance coverage. I have read and understand the rules above. I hereby grant permission for my son/daughter to participate in interscholastic athletics under these rules.	
Parent Signature	Date

Name	Date of Birth
Attach a valid copy of your Insurance Card Here	

ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT, ATHLETIC PARTICIPATION CODE OF CONDUCT, AND STEROID PROHIBITION FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor—conducting to core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the Six Pillars of Character). This code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

TRUSTWORTHINESS

Trustworthiness - be worthy of trust in all do.
Integrity - live up to high standards of ethics and sportsmanship and always pursue victory with honor. do what's right even when it is unpopular or personally costly.
Honesty - live and compete honestly; don't lie, cheat, steal or engage in any other dishonest or untrustworthy act.

Reliability - fulfill commitments do what I say I will do, be on time to practices and games.
Loyalty - be loyal to my school and team, put the team above personal glory.

CARING

Caring for others - demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to my self or others.
Teamwork - help promote the well-being of teammates by positive counseling and encouragement or by reporting any unsafety or dangerous conduct to coaches.

CITIZENSHIP

Play by the Rules - maintain a thorough knowledge of and abide by all applicable game and competition rules.
Spirit of Fairness - honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

RESPONSIBILITY

Importance of Education - be a student first and commit to getting the best education I can; be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically, or the character to represent their institution honorably.
Role-Modeling - Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Coaches will exhibit good character and conduct (as well as a positive role model, supervision or termination of the participation privilege) within the role administration of the school administration.
Self-Control - exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
Healthy Lifestyle - safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unsafety techniques to gain, lose or maintain weight.
Integrity of the Game - protect the integrity of the game; don't gamble; play the game according to the rules.

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, as well as obeying such instructions. I have read and understand the requirements of this Code of Conduct, I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student-Athlete Signature	Date
Parent Signature	Date



FAIRNESS

Be Fair - live up to high standards of fair play; be open-minded; always be willing to listen and learn.

RESPECT

Respect - treat all people with respect all the time and require the same of other student-athletes.
Character - live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help; compliment extraordinary performance; show sincere respect in pre- and post-game rituals.

Disciplined Conduct - don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, hostile celebrations, or other actions that demean individuals or the sport.
Reserve Officials - treat contest officials with respect; don't complain about or argue with officials calls or decisions during or after an athletic contest.

CIF BY-LAW 524/STEROID PROHIBITION

By signing below, both the participating student-athlete and their parent(s) or legal guardian(s) or caregiver(s) agree that the student shall not use anabolic/steroidic steroids without the written prescription of a fully-licensed physician (as recognized by the American Medical Association (AMA)) to treat a medical condition. We also recognize that under CIF By-Law 206.D, there could be penalties for false or fraudulent information.

We also understand that the CIF Los Angeles City Section policy regarding the use of illegal drugs will be enforced for any violations of these rules.

ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION

We are aware that play/participation in any sport can be a dangerous activity involving many risks of injury. We understand that the risks and dangers include, but are not limited to: death or paralysis; brain damage; cardiac arrest; serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. We understand that the dangers and risks of participating in sports also include the high cost of medical care and treatment of the athlete's future ability to earn a living, and engage in other business, social and recreational activities. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at _____ High School.

Very Important - Please attach a copy of Medical Insurance Card

Los Angeles Unified School District Preparticipation Physical Evaluation

Appendix A

Date of Exam: _____

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Grade: _____ School: _____ Sport(s): _____

Address: _____ Phone: _____

Personal Physician/Provider: _____

In case of emergency, contact: Name: _____ Relationship: _____

Phone (H): _____ (W): _____ (Cell): _____ (Cell): _____

Medicines and Allergies: Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

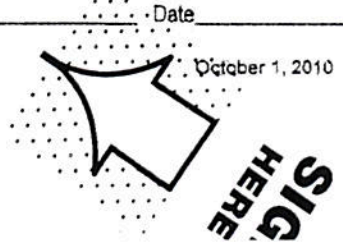
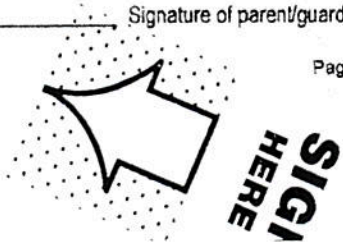
- Medicines Pollens Food Stinging insects

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics. Explain Yes answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			25. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in a hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> A Heart Infection <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol Other _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis that caused you to miss a practice or game?			44. Have you had any eye injuries?		
BONE AND JOINT QUESTIONS	Yes	No	45. Do you wear glasses or contact lenses?		
18. Have you had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of food?		
22. Do you regularly use a brace, orthotics or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		
			Explain "yes" answers here:		

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

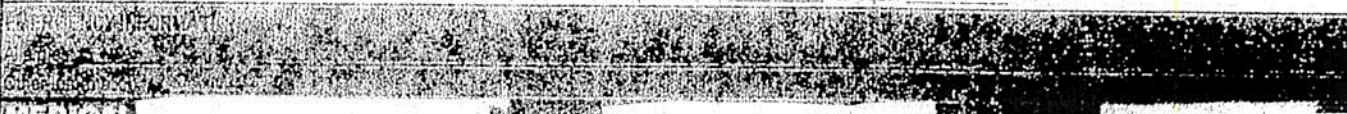


Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Appendix A

Student's Name: _____ DOB: _____
 Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: _____
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal



MEDICAL		Abnormal Findings
Appearance *Metric alignment (sphenoidalosis, high arched palate, pectus excavatum, scoliosis/kyphosis, arm span > height, hyperlordosis, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat ● Pupils equal ● Hearing		
Lymph Nodes		
Heart * ● Murmurs (auscultation standing, supine, H-Valsalva) ● Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) †		
Skin ● HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ‡		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional ● Duck walk, single leg hop		

* Consider ECG, echocardiogram, and referral to ophthalmology for abnormal ocular history or exam.
 † Consider GU exam if in private setting. Having 3rd party present is recommended.
 ‡ Consider cognitive evaluation or baseline neurophysiologic testing if a history of significant concussion.

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____
 Not cleared
 Pending further evaluation
 For any sports
 For certain sports: _____

Reason/Recommendation: _____

I have evaluated the above named student and completed the pre-participation physical evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of this physical exam is on record in my office and can be made available to the school at the request of this parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician/ Provider: (print/ type/ stamp) _____ (MD, DO, NP or PA) Date: _____

Address: _____ Phone: _____

Signature of Physician/ Provider _____

Modified from: American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Association of Sports Medicine. (2010)

Doctor, please stamp this form!