

2023-2024



Student-Athlete Clearance Packet

*** all High School athletes at Leroy Greene Academy, Natomas HS and Inderkum HS will need to create an account on CIF Home Campus - all High School forms are now completed/signed/turned in ONLINE in the Home Campus portal at: [Athleticclearance.com](https://athleticclearance.com)) see site AD for more info

- ☐ HB-1 Student-Athlete Handbook Signature Page
- ☐ CPF-1 Agreement for Team Participation
- ☐ CPF-2 Sports Physical Examination Form
- ☐ CPF-3 Concussion & Head Injury Form/Information
- ☐ CPF-4 NUSD Steroid Agreement
- ☐ CPF-5 Sudden Cardiac Arrest Form
- ☐ CPF-6 Emergency Card (Transportation/Medical)

HB1



Natomas Unified School District
Receipt of the NUSD Student Athlete Handbook

I have received a copy of the current Natomas Unified School District Student-Athlete Handbook and have knowledge of its contents. I understand that I am responsible for abiding by all California Interscholastic Federation-San Joaquin Section by-laws, Natomas Unified School District Policies and Procedures and school rules as specified in the NUSD Student-Athlete Handbook.

Name of Student (please print)

Signature of Student

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date



2023-24

AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities
Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

Student:	Address:
Grade:	DOB:
School:	Telephone:
Team(s):	

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities ("Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider.

In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: **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 the District.** Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance/Medical. The Adult agrees that the Student is covered, and will remain covered during the length of Team season and that coverage exits in the amounts required by Section 32221.

If selecting this Option, please provide the following insurance information:

Name of Insurer/Provider: _____	List Coverage Dates or "continuous": _____
Policy Number/Identifying Number: _____	

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District] and, if no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Print Name of Parent/Guardian

Parent/Guardian Signature

Date

*As the **Student**, I understand and agree to all of the obligations placed on me by this Agreement:*

Print Name of Student

Student Signature

Date

2023-24 SPORTS PHYSICAL EXAMINATION FORM

PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)

STUDENT LAST NAME:		STUDENT FIRST NAME:		ID #:
GRADE:	BIRTHDATE:	FALL SPORT:	WINTER SPORT:	SPRING SPORT:

HEALTH HISTORY (Must be Completed Prior to the Examination)

<u>YES</u>	<u>NO</u>	<u>Has this student had any:</u>	<u>YES</u>	<u>NO</u>	<u>Does this student:</u>
		1 Chronic or recurrent illness?			16 Wear eyeglasses or contact lenses?
		2 Illness lasting over 1 week?			17 Wear dental bridges, braces or plates?
		3 Hospitalization or Surgeries?			18 Take any medications? (List below):
		4 Nervous, psychiatric, or neurologic condition?			
		5 Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?	<u>YES</u>	<u>NO</u>	<u>Is there any history of:</u>
		6 Allergies (medicines, insect bites, food)?			19 Injuries requiring medical care or treatment?
		7 Problems with heart or blood pressure?			20 Neck or back pain or injury?
		8 Chest pain or severe shortness of breath with exercise?			21 Knee pain or injury?
		9 Dizziness or fainting with exercise?			22 Shoulder or elbow injury?
		10 Fainting, bad headaches or convulsions?			23 Ankle pain or injury?
		11 Concussion or loss of consciousness?			24 Other serious Joint injury?
		12 Heat exhaustion, heatstroke or other problems with heat?			25 Broken bones (fractures)?
		13 Racing heart, skipped, irregular heartbeats, or heart murmur?	<u>YES</u>	<u>NO</u>	<u>Further history:</u>
		14 Seizures?			26 Birth defects (corrected or not)?
		15 Severe or repeated instances of muscle cramps?			27 Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
<u>Date of last known tetanus (lockjaw) shot:</u>					28 Parent or grandparent requiring treatment for heart condition less than 50 years of age?
<u>Date of last complete physical examination:</u>					29 Been seen by a physician on an emergency or urgent basis in the last 12 months?

Explain all "YES" answers here along with any other fact or circumstance that should be disclosed prior to the examination (use reverse side of form):

PARENT/GUARDIAN'S AUTHORIZATION: I authorize a physician or duly authorized and supervised physician's assistant or nurse practitioner to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate and I know of no reason why the student cannot fully and safely participate in the listed sports. I understand that this is solely a screening examination and that the absence of any health conditions or concerns listed below does not mean that student is free from actual or potential harmful health conditions that may cause the student injury or death while participating in sports. Any question or concern I may have regarding the student's health or safety will be referred to our personal physician or health care provider for review and evaluation.

PRINT PARENT/GUARDIAN NAME:	SIGNATURE OF PARENT/GUARDIAN:		
ADDRESS:	WORK #:	HOME #:	DATE:
REGULAR PHYSICIANS NAME:	OFFICE #:	PROVIDER/ORGANIZATION:	

PART 2 (TO BE COMPLETED BY THE EXAMINING PHYSICIAN/PHYSICIAN'S ASSISTANT/NURSE PRACTITIONER)

	NORMAL	ABNORMAL (Describe)	
EYES/EARS/NOSE/THROAT			HEIGHT:
SKIN			WEIGHT:
HEART			PULSE:
ABDOMEN			PULSE AFTER Ex:
GENITAL/HERNIA(MALES) MUSCULOSKETAL			BP:
A. NECK/SPINE/SHOULDERS/BACK			RECOMMENDATION:
B. ARMS/HANDS/FINGERS			Unlimited participation
C. HIPS/THIGHS/KNEES/LEGS			Limited participation/specific sports, events, activities
D. FEET/ANKLES			Clearance withheld pending further testing/evaluation
NEUROLOGIC SCREENING EXAM (NSE)			No athletic participation
			ONE OF THE ABOVE MUST BE CHECKED
COMMENTS (use reverse side of form):			

PRINT NAME OF PHYSICIAN (M.D., D.O., P.A. OR N.P. ONLY)	PHYSICIAN'S SIGNATURE	DATE
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Natomas Unified School District

2023-24

CONCUSSION AND HEAD INJURY (FORM) INFORMATION SHEET

Student:	Address:
Grade:	DOB:
School:	Telephone:

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District- sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

 SIGNATURE OF STUDENT ATHLETE

 DATE

 SIGNATURE OF PARENT/GUARDIAN

 DATE

Natomas Unified School District

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

Name of Student Athlete:

PLEASE PRINT

Grade Level:

PLEASE PRINT

School:

PLEASE PRINT

As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Board of Trustees of the Natomas Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement on the U.S. Anti-Doping Agency banned substance list without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the District policy regarding steroids may result in discipline against him/her including, but not limited to, restriction from athletics or suspension or expulsion from school.

SIGNATURE OF STUDENT ATHLETE

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

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>



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.

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 play-

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

ing 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.

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

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.

**NATOMAS UNIFIED SCHOOL DISTRICT
EMERGENCY CARD—PART ONE**

STUDENT: _____ SCHOOL YEAR: **2023-24**

(Please Print) LAST NAME FIRST NAME

AUTHORIZATION FOR TRANSPORTATION

1. The parent/guardians of the athlete/cheerleader named above hereby give permission for their child/ward to travel to school sponsored athletic events on district provided transportation.
2. I/We also give permission for my/our child/ward to ride as a passenger in a vehicle driven by another parent or coach.
3. I/We acknowledge and understand that the Natomas Unified School District may not provide transportation to all school sponsored athletic events.

CONSENT TO TREAT (Waiver, Consent & Release also included in the Agreement for Team Participation, CPF-1)

4. I/We understand and acknowledge that Education Code Section 35330 provides that all persons participating in the school related trip shall be deemed to have waived all claims against the district or State of California for injury, accident, illness or death occurring during or by reason of the trip.
5. I/We understand that the Natomas USD does not provide student and athletic accident insurance coverage for students injured on school premises or while participating in school-related activities. In accordance with Education Code and NUSD Board Policy, the district has made available for purchase, voluntary accident insurance. (See Student Accident Insurance letter provided in Student Athlete Clearance Packet.)
6. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. (In such circumstances, notice to me and/or the Emergency Contact may be delayed.)

Parent/Guardian Name (please print): _____

Parent/Guardian signature: _____ Date: _____

EMERGENCY CARD—PART TWO

Emergency Medical Information (Please Print)

Parent/Guardian Name: _____ Mobile #: _____ Other #: _____ Parent/Guardian

Name: _____ Mobile #: _____ Other #: _____ Person to contact

if parent/guardian cannot be reached: _____ Mobile #: _____ Other #: _____ Name of Family

Physician: _____ Phone #: _____

Name of Insurance Provider: _____

Policy Number/Identifying Number: _____

General Medical History—for medical practitioner in case of emergency:

Yes	No		Yes	No	
()	()	Diabetes	()	()	Hernia
()	()	Seizures	()	()	Absence of kidney
()	()	Bleeding disorders	()	()	Absence of or undescended testicle
()	()	Hearing Problems	()	()	Absence of any organ
()	()	Heart disease	()	()	Menstrual disorder
()	()	Allergic reactions	()	()	Loss of consciousness
()	()	Hospitalization	()	()	Health chance during last year
()	()	High or low blood pressure			
()	()	Asthma, Allergies, please list: _____			
()	()	Prescription Medication, please list type, reason, dose: _____			

Please explain any YES answers or other health concerned: _____

Date of last tetanus shot (required every 10 years): _____

Please give details below of type of injuries the student has had, or now has, and when they occurred.

Shoulder, arm, elbow, wrist, fingers, or thumb injury: _____ Hip,

knew, leg, calf, ankle, foot, or toe injury: _____ Head,

neck, or spine injury: _____ Does

the student have any injury or physical condition that should be watched? Explain: _____