



Westlake

CHARTER SCHOOL

Home of the Explorers

2019-2020

Explorer Athletics Participant Packet

In order to participate, all athletes and teen coaches must have the following forms on file with Westlake staff:

- Health and Information Sheet
- Agreement for Athletic Participation
 - Athletics Permission Slip
- Concussion Information Sheet
- Emergency Information Form
- Request to Administer Medication
- Sudden Cardiac Arrest Acknowledgement
 - Physical Examination Form

Westlake Charter School
2680 Mabry Drive, Sacramento, CA 95835
Phone: (916) 567-5760

Health Information

Athlete Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Emergency Contact Information

Name: _____ Relationship: _____

Main Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

Medical and Insurance Information

Doctor's Name: (____) _____ - _____ Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Company: _____ Policy: _____

Any known allergies or drug reactions? _____

Any special needs or restrictions? _____

I hereby give permission for my son/daughter to receive emergency medical treatment from a physician in the event of injury or illness. _____ (parents initial)

Signature: _____ Date: _____

Special Notes:

Agreement for Athletic Participation

2019-2020

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

TO PARENTS / GUARDIANS:

You are required to sign this Athletic Participation form in order that the student-athlete concerned may engage in an extracurricular activity. The School deems many of these extracurricular activities to be worthy for students but does not require them of students. These activities are voluntary on the part of the students and a signed participation form is necessary before participation and transportation.

PARENT AUTHORIZATION: In signing this form I/we are aware that this activity is an extracurricular activity held under school supervision. It is not a required activity. I/we understand the Governing Board, the School or its employees will not be held liable for injuries resulting from participation of my child in this activity or from transportation related thereto.

Athletic Insurance Coverage Certification

Insurance Company: _____

Policy Number: _____

Coverage Dates: _____



Explorer Athletics Permission Slip

2019-2020

Dear Parents,

With your permission, your son/daughter, _____, will be participating in the following sport(s) with Westlake Charter School (*check all that apply for the year*):

FALL: ___ Co-ed flag football ___ Co-ed volleyball

WINTER: ___ Boys basketball ___ Girls basketball ___ Co-ed dodgeball

SPRING: ___ Co-ed futsal ___ Co-ed kickball

PLEASE ARRANGE TO PICK UP YOUR CHILD/CHILDREN FROM WESTLAKE CHARTER SCHOOL AT THE CONCLUSION OF GAMES AND PRACTICES.

To Whom it May Concern at Westlake Charter School:

My son/daughter, _____, has permission to participate in the sport stated above.

I, the parent/guardian of the above child, assume any responsibility for allowing him/her to participate. I am specifically aware and confirm by executing this document that I am aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that my child may injure himself or herself, or be injured by other participants related to the activity. I am specifically aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

Consent is also given for any licensed physician or surgeon to give medical attention, to administer such treatment, drugs and medicines, and to perform such surgical procedures as he shall think the existing emergency requires for the relief of pain, and to preserve his/her life and health.

I, the parent/guardian, agree to hold Westlake Charter School (teachers, administrators, contractors, Board of Directors, Etc.) harmless from all claims, including but not limited to claims of personal injury, bodily injury, property damage or wrongful death arising out of my child participating in this sport. I have read foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Date

Parent/Guardian

Concussion Information Sheet

2019-2020

A concussion is a type of brain injury and all brain injuries are serious. A concussion can be 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. It 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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion may show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion listed below, or if you notice the symptoms or signs of concussion yourself, your child should be kept out of play the day of the injury and until a healthcare professional, experienced in evaluating for concussion, determines that your child is symptom-free and able to return to play.

Signs observed by coaching staff...

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

Symptoms reported by athletes...

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

Concussions affect people differently. While most athletes with concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. In rare cases, a dangerous blood clot may form on the brain and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body she/he exhibits any of the following danger signs:

One pupil is larger than the other
Is drowsy or cannot be awakened
Repeated vomiting or nausea
Slurred speech
Loses consciousness

Convulsions or seizures
Cannot recognize people or places
Weakness, numbness, or decreased coordination
Has unusual behavior
Becomes increasingly confused, restless, or agitated
A headache that not only does not diminish, but gets worse

WHY MUST AN ATHLETE BE REMOVED FROM PLAY AFTER A CONCUSSION?

If an athlete has a concussion, his/her brain needs time to heal. Continuing to play while the brain is still healing 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 young athletes 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

If you suspect that your child has a concussion, remove him/her from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. Do not try to judge the severity of the injury yourself. Close observation of the athlete should continue for several hours. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

California Education Code 49475 and the California InterScholastic Federation (CIF) Bylaw 313 require implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student athletes:

Any athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider who is trained in the management of concussion and is acting within the scope of his or her practice. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from that licensed health care provider. If the licensed health care provider determines the athlete has a concussion or head injury, the athlete shall also complete a graduated return-to-play protocol of no less than 7 days in duration under the supervision of a licensed health care provider.

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

For more information, visit: <http://www.cdc.gov/headsup/youthsports/index.html> (Centers for Disease Control and Prevention) or http://www.cifstate.org/sports-medicine/concussions/student_parents (CIF)

Athlete's Name: _____

Athlete's Signature: _____ Date: _____

Legal Guardian's Name: _____

Legal Guardian's Signature: _____ Date: _____

Emergency Information Form – Student Participants

STUDENT'S LAST NAME		FIRST NAME		MIDDLE
BIRTHDATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE
PHONE NUMBER		STUDENT LIVES WITH		
STUDENT'S HOME ADDRESS		CITY	STATE	ZIP
PARENT'S/LEGAL GUARDIAN'S LAST NAME		FIRST NAME	RELATIONSHIP TO STUDENT	
ADDRESS (IF DIFFERENT THAN STUDENT)		CITY	STATE	ZIP
HOME PHONE		CELL PHONE	EMAIL ADDRESS	
EMPLOYER		CITY	WORK PHONE	
If you are unable to reach me during any emergency, you are authorized to contact and release my child to any of the following:				
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAMES OF OTHERS AUTHORIZED TO PICK UP MY CHILD:				
NAME		RELATIONSHIP	PHONE NUMBER	
DOCTOR		PHONE NUMBER	PREFERRED HOSPITAL	
ALLERGIES		MEDICAL CONDITIONS		
MEDICATIONS**				
**Note: During the school day, students are not permitted to keep medications in the classroom, in their backpack, or on their persons. All medications must be checked in to the office, with written authorization given to staff.				
MEDICAL INSURANCE CARRIER		ID#	PRIMARY INSURED	
In the event of an illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that I hold Westlake Charter School, its officers, agents and employees, harmless from any and all liability or claims. 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.				
PARENT/GUARDIAN (PLEASE PRINT)		PARENT/GUARDIAN SIGNATURE		DATE

Request to Administer Medication

Dear Parent/Legal Guardian:

To request medication administration at school, please note:

- A new form is needed for all changes in medication, dose or time.
- The medication should be brought to school by a parent/guardian or responsible adult.
- Unless otherwise specified, the medication order is valid for the entire school year.
- **Expired and discontinued medication not picked up by the last day of school will be discarded.**

OVER-THE-COUNTER MEDICATIONS and **PRESCRIPTION MEDICATIONS** – the attending physician should complete the top section of this form, or a written notice from the physician's office with the required information may be stapled to this page. Prescription medications must be labeled by the pharmacy with the student's name, prescriber's name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.

Instructions for Administering Medication at Sport(s)

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/Frequency of administration: _____ If as needed,
frequency: _____

If as needed, for what symptoms: _____

Special/Emergency Instructions: _____

Prescriber's Name/Title: _____ Telephone: _____

Address: _____ Fax: _____

Prescriber's Signature: _____ Date: _____

Parent/Guardian Authorization

Westlake Charter School has permission to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Home Phone # _____ Phone # _____ Work Phone # _____

TO BE COMPLETED BY SCHOOL



Date form received at school: _____ Received by:

Sudden Cardiac Arrest Prevention Acknowledgment

Ed. Code 33479.1, which did not go into effect until July 1, 2017, is part of the Eric Paredes Sudden Cardiac Arrest Prevention Act. Ed. Code 33479.1 defines athletic activity as follows:

- “(1) Interscholastic athletics.
- (2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by a school, including cheerleading and club-sponsored sports activities.
- (3) Noncompetitive cheerleading that is sponsored by a school.
- (4) Practices, interscholastic practices, and scrimmages for all of the activities listed in paragraphs (1) to (3), inclusive.”

The new law requires the CDE to post on its website guidelines and an information sheet on sudden cardiac arrest symptoms and warning signs, and to post other relevant materials to inform and educate pupils and parents, and to train coaches about the nature and warnings signs of sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing fainting or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue. The law encourages schools to post this same information on the school’s website. The law also requires coaches to undergo training regarding sudden cardiac arrest warning signs and risks, and outlines steps that must be followed when a student is removed from an athletic activity for displaying any of the symptoms of sudden cardiac arrest.

Additionally, as of July 1, 2017, before a pupil participates in athletic activity governed by the California Interscholastic Federation (“CIF”), the school must collect and retain a copy of the sudden cardiac arrest information sheet required by the CIF for that pupil. Before a pupil participates in an athletic activity not governed by the CIF, the pupil and parent/guardian are required to sign and return to Westlake Charter School an acknowledgement of receipt and review of the information sheet posted on the CDE’s website. These forms are attached in English and can be provided in Spanish if necessary.

Based on the above definition and our understanding, we advise that the team falls within the broad definition of athletic activity under Ed. Code 33479.1, thus requiring Westlake Charter School to have parents sign acknowledgement of review of the CDE information regarding sudden cardiac arrest prevention.

I have read and understand the above.

Parent/Guardian Signature: _____

Date: _____

Athletics Physical Examination Form 2019-2020

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

Student Name:	Grade:	Birthdate:
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Health History (Complete prior to the examination)

Yes	No	Has the student had any:	Ye s	No	Does the student:
		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 neurological condition?			
		5. Loss or non functioning of organs or glands?	Ye s	No	Is there any history of:
		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, heat stroke or problems with heat?			25. Broken bones (fractures)?
		13. Racing heart, skipped, irregular heartbeats, or heart murmur?	Ye s	No	Further history:
		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?
Date of last known tetanus shot:					28. Parent or grandparent requiring treatment for heart condition less than 50 years of age?
Date of last complete physical examination:					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 facts or circumstances that should be disclosed prior to the examination:

Athletics Physical Examination Form (continued)

2019-2020

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 exercise:
Genital/hernia (males) musculoskeletal			BP:
A. Neck/spine/shoulders/back			PHYSICIAN'S RECOMMENDATION (check one):
B. Arms/hands/fingers			<input type="checkbox"/> Unlimited participation
C. Hips/thighs/knees/legs			<input type="checkbox"/> Limited participation/specific sports, events, activities
D. Feet/ankles			<input type="checkbox"/> Clearance withheld pending further testing/evaluation
Neurologic screening exam (NSE)			<input type="checkbox"/> No athletic participation

Comments:

Printed name of physician: _____ Phone number: _____

Physician's signature: _____ Date: _____



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