

El Dorado Union High School District Extracurricular Athletic Handbook

Interscholastic Sports:

Baseball
Basketball
Cross-Country
Football
Golf
Lacrosse
Skiing/Snowboarding
Soccer
Softball
Swimming/Diving
Tennis
Track
Volleyball
Water Polo
Wrestling
Cheerleading/Stunt

Activities:

Club Sports and Cheerleading/Stunt

All required forms in this document can be completed online at the [District Website](http://www.eduhsd.net),
www.eduhsd.net and printed for submission to the Athletic Department.



PUBLISHED BY
EL DORADO UNION HIGH SCHOOL DISTRICT
STUDENT SERVICES AND INNOVATION
4675 MISSOURI FLAT ROAD
PLACERVILLE CA 95667
(530) 622-5081, ext. 7224
www.eduhsd.net

Dear Parent/Guardian,

The following information in this Extracurricular Athletic Handbook must be read, reviewed, and agreed upon by you and your student athlete. The forms designated below must be completed and submitted prior to your student athlete beginning practice for any athletic team at El Dorado, Oak Ridge, Ponderosa, or Union Mine High Schools. **It is required that this process be completed every sport season.** Every student wishing to participate in a sport and/or activity must have athletic clearance from the athletic office. In order to be cleared through the athletic office you and your student must complete the forms within this Extracurricular Athletic Handbook. Be sure to check your school for the sports clearance dates.

The following forms are included and must be completed and submitted:

- Acknowledgment and Consent Form: Please read and review the Code of Conduct with your student. (pg. 19-20)
- Agreement for Student Athlete and Parent/Guardian Regarding Use of Steroids. (pg. 21)
- Release of Liability and Assumption of Risk Agreement for School Club or School-Sponsored Activities Participation. (pg. 23)
- Assumption of Risk and Waiver of Liability and Agreement to Abide by EDUHSD COVID-19 Protocols. (pg. 25-26)
- Athletic Insurance Information Statement. (pg. 27)
- Student Emergency Card: This form will be carried by the coach at all times for the protection of your student in the event of an emergency. (pg. 29)
- Sports Participation Health Record (Form 5141.3A): Athletes must have an annual physical examination from a licensed medical doctor who completes Part B of this form. The physical must be completed prior to trying out for a sport. All physicals must be renewed for the following year before participation on an athletic team is allowed. (pg. 31-32)
- Parent/Guardian Concussion/Head Injury Information Sheet (Form 5141.1C3). (pg. 33)
- CIF Graded Concussion Symptom Checklist. (pg. 34)
- Parent/Guardian Concussion/Head Injury Symptoms & Signs. (pg. 35-36)
- Receipt of Factsheet: Prescription Opioids: What You Need to Know. (pg. 39)
- Voluntary Athletic Contribution Form (Form 3290-1F). (pg. 41)

The completion of this packet of forms will clear your student to participate in extracurricular sports for the entire school year. **In addition to the above, any fines owed by the student must be paid prior to participating in a sport. If you have any questions, please contact the Athletic Director at your school:**

Danielle Andrade, Athletic Director
El Dorado High School
(530) 622-3634, ext. 1249

Stephen White, Athletic Director
Oak Ridge High School
(916) 933-6980, ext. 3044

TBD, Athletic Director
Ponderosa High School
(530) 677-2281 or
(916) 933-1777, ext. 2246

Scott Gilliland, Athletic Director
Union Mine High School
(530) 621-4003, ext. 4326

MICHAEL GARRISON, COMMISSIONER
CIF Sac-Joaquin Section
1368 E. Turner Rd., Suite A Lodi, CA 95240
Mail to: PO Box 289, Lodi, CA 95241-0289
(209) 334-5900, EXT. 10 • FAX (209) 334-0300

District policies can be accessed from our District website. Although every attempt is made to keep our policies current that are posted to this website, there may be instances in which the current version of a policy or regulation has inadvertently not been posted. This action does not supersede the requirements of the latest version of any policy or regulation. Contact the District Office to verify the most recent version of a policy or procedure.

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OTHER FORMS CITED:

- State CIF Transfer Form
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 Statement for School Activity and
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 (F6153-3C)
- Student Alternate Transportation Form
 (F6153-3E1)

Athletic Declaration & Code of Conduct

A student athlete is a special individual - special both in terms of the opportunities and responsibilities encountered. Working hard, playing hard, and living up to high behavioral standards will help students in their future endeavors.

We are pleased to have you as part of our Athletic Program. Your coaches want to work with you to make this one of the most important and enjoyable experiences of your high school career.

Declaration of Student Athlete

As a student athlete, I realize it is a **privilege** to participate in athletic activities and represent my school at athletic functions. Accordingly, I hereby agree to follow the regulations established by the Athletic Department, Administration, District policies set by the Board of Trustees, and California Interscholastic Federation (CIF) rules. I also agree to conform to the following training rules and Code of Conduct as a participant in my school's Athletic Program:

1. I will follow all school rules and regulations. Failure to do so will result in disciplinary action by the Administration and possible forfeiture from participation in activities during that period of time and beyond.
2. I will follow the Code of Conduct during the season of sport. All school policies are also in effect for any school-related activity. (For purposes of this declaration, "season of sport" is defined as the date when practice begins, as specified by CIF, through the last contest.)
3. I understand that the use of anabolic steroids is prohibited. I further understand that should it be determined that I have used steroids or performance enhancing drugs, I will be suspended from all sports for one year.

Code of Conduct

Students should understand that the coaches and Administration in the El Dorado Union High School District believe that the use of tobacco/nicotine, including but not limited to cigarettes, chewing tobacco, vaping devices and e-cigarettes, alcohol, drugs, and any use of steroids or performance-enhancing substances are not acceptable and will not be tolerated for high school athletes. The coaches and Administration believe that high school students should be aware of the negative and harmful effects of tobacco/nicotine as well as

vaping devices and e-cigarettes, alcohol, drugs, and any use of steroids or performance-enhancing substances.

1. **TOBACCO/NICOTINE (INCLUDING VAPING):**

Any student athlete who smokes, chews, vapes, possesses or sells/furnishes tobacco or nicotine in any form during (including going to or coming from) school or at (including going to or coming from) a school sponsored activity shall be subject to the following consequences in addition to any action taken by the school Administration for violation of school rules:

1st Offense: The student athlete shall be ineligible to participate in any athletic contest for a minimum of 14 calendar days from the date of the offense, including missing at least one week of athletic competition.

2nd Offense: The student athlete shall be ineligible to participate in any athletic contest for a minimum of 60 calendar days from the date of the offense. The period of ineligibility may be reduced if the student athlete completes an approved tobacco/nicotine cessation program.

NOTE: For the 1st or 2nd offense and with the permission of the Athletic Director and/or Administration, an ineligible student athlete may continue to practice with a team, but may not wear a school uniform or otherwise represent a team at any interscholastic contest or scrimmage against another school or be released to leave the school early with the team.

3rd Offense: The student athlete shall be ineligible for any athletic participation for one calendar year from the date of the offense.

NOTE: Students who refer themselves to a staff member for assistance with tobacco/nicotine use **WILL NOT** be subject to discipline penalties unless they are apprehended violating school rules or state law. If you are a student athlete who is struggling with any form of substance abuse issue, we want to help. Please reach out to a trusted adult for assistance.

2. **DRUGS AND ALCOHOL:**

Any student athlete who uses, possesses, sells or furnishes alcohol, drugs (including, but not limited to, prescription medications not prescribed to the individual student by a physician), in any form during (including going to or coming from) school or at (including going to or coming from) a school sponsored activity, shall be subject to the following consequences

in addition to any action taken by the school Administration for violation of school rules:

1st Offense: The student athlete shall be ineligible to participate in any athletic contest for a minimum of 30 calendar days from the date of the offense. The period of ineligibility may be reduced if the student athlete completes an approved substance abuse intervention program.

2nd Offense: The student athlete shall be ineligible for any athletic participation for one calendar year from the date of the offense.

NOTE: For the 1st offense and with the permission of the Athletic Director and/or Administration, an ineligible student athlete may continue to practice with a team, but may not wear a school uniform or otherwise represent a team at any interscholastic contest or scrimmage against another school or be released to leave the school early with the team.

NOTE: Students who refer themselves to a staff member for assistance with substance abuse issues WILL NOT be subject to discipline penalties unless they are apprehended violating school rules or state law. If you are a student athlete who is struggling with any form of substance abuse issue, we want to help. Please reach out to a trusted adult for assistance.

3. **ACADEMIC ELIGIBILITY:**

To be academically eligible, a student must be enrolled as a full-time student and must maintain a minimum 2.0 grade point average.

4. **ACADEMIC RESPONSIBILITY:**

Student athletes are responsible for communicating with their teachers prior to any athletic event that results in missed class time. Student athletes are responsible for the completion of any classwork or tests they may miss due to an athletic event. Arrangements must be made prior to the athletic event and not after. Athletes will not receive more time to complete their academic responsibilities.

5. **ATTENDANCE:**

Athletes are expected to attend classes and be prompt. Unexcused absences from classes during the season may result in forfeiture of practice or athletic contest participation. Student athletes must have full period attendance for a majority of the periods the student is scheduled for that day in order to

participate in a contest or practice. If scheduled for 7 or 6 periods, must have attended 4 full periods; if scheduled for 5 or 4 periods, must have attended at least 3 full periods; if scheduled for 3 periods, must have attended at least 2 full periods. Participation in an approved school sponsored event or activity will not count as being absent from a period.

6. **PARTICIPATION:**

Athletes are required to attend all team practices, games and other activities associated with being a member of a team, unless excused by the coach. The athlete has the responsibility to contact the coach or Athletic Director if it becomes necessary to miss a scheduled activity.

7. **SAFETY RULES:**

Athletes are responsible for knowing all safety rules governing their sport.

8. **TRAVEL:**

Athletes are required to travel to and from athletic contests with their team. The only exceptions are:

a) Injury to a participant which would require alternate transportation.

b) Prior arrangements between the participant's parent/guardian and the coach for the student to ride with the parent/guardian. This request is to be in writing from the parent/guardian and approved by a school Administrator and the coach. (See Student Alternate Transportation Form F6153-3E1)

9. **ATHLETIC EQUIPMENT AND CLOTHING:**

Athletic equipment and clothing are loaned to the athlete. Athletic equipment/uniforms shall NOT be worn during Physical Education classes. The athlete assumes the responsibility for the care and the return of all issued equipment and clothing. Athletes are reminded to secure their possessions in the locker room. Issued equipment not returned or that has been damaged beyond normal wear will be paid for by the athlete. Stolen equipment or uniforms, if found in possession of another student or team member, will result in a referral to the Administration for further action and suspension from the team.

10. **GENERAL RULES OF SPORTSMANSHIP:**

To promote fairness in competition, a series of rules governing each sport have been adopted. Good sportsmanship requires that athletes

adhere to the rules of the game. Furthermore, it requires that athletes comply with the spirit of those rules which were written to promote fairness. Athletes must understand that compliance with the standards of good sportsmanship is required at all times.

- a) On the field, athletes are respectful in actions and language towards their teammates, opponents and officials. They abide by all the rules of the game. They are modest in victory and gracious in defeat.
- b) On campus, athletes should set an example of good citizenship for their classmates. They should help promote school spirit and be positive leaders in school activities.
- c) In the classroom, athletes show respect for teachers and for their fellow students. They maintain good attendance, satisfactory academic progress, and good citizenship.
- d) On trips, athletes' conduct is such that they are positive representatives of their community, school, and team. Athletes are conscious of their appearance and manners at all times.

Student Sportsmanship

Student participation in athletic contests is a privilege. As a student athlete, you are expected to conduct yourself in an exemplary manner at all times. Per Sac-Joaquin Section Bylaws, during participation in any CIF competition, a player who is ejected or leaves the confines of the bench or team area during a fight that may break out (or has broken out) shall be disqualified from participating in the remainder of the game and will be ineligible for the team's next contest. This bylaw also applies to a fight that may occur after the game, before the teams have vacated the playing area. Note - Any athlete who plays in the next game following their ejection will be treated as an ineligible player for that game. (CIF Bylaws 503.M)

In addition, per Sac-Joaquin Section 210, any student who physically assaults a game or event official shall be banned from interscholastic athletics for the remainder of the student's interscholastic eligibility.

These rules are not intended to be punitive, and penalties will be imposed only after careful consideration. The intent of these rules is to encourage students to be responsible in their actions and to communicate in an adult manner when they plan to end a commitment to a sport or when they disagree with a coach.

All athletic team events/activities are considered school related and therefore student athletes will be subject to discipline for all violations listed in Education Code (EC) 48900 through 48915.

Consequences for violations may include, among other things, team suspensions or removals, detentions, Saturday School, community service, restorative justice measures, and/or suspensions or expulsion from school.

Sports Participation Donation

The District believes that athletic activities are important for our young people. We appreciate the support and assistance that parents/guardians and the community provide with their \$95.00/athlete donation. No student shall be required to raise a specified amount of money in order to participate in an activity sponsored by a school-related organization. (AR 1321)

Residential Eligibility

The California Interscholastic Federation requires that students who participate on a school team must be living with parents or legal guardians who reside within the school's attendance boundaries. All exceptions to this rule require that special permission, forms, and letters of approval be on file before a student can be declared eligible. Questions about these exceptions should be addressed to the Athletic Director.

Because the penalty for allowing an ineligible athlete to participate is severe (the team must forfeit all contests in which the athlete participated), any athlete living outside the school's boundaries should notify their coach at the beginning of the season so that the coach can make sure that all of the appropriate forms and approvals are on file.

An athlete who is dishonest about their own residence places the entire team in jeopardy. Any athlete known to be using a false address or otherwise not being honest about their residence should be immediately reported to the coach to avoid penalizing the entire team. The athlete may also be declared ineligible to represent their school in any sport for up to 24 months following the date of discovery of the offense.

If a student and their parents/guardian move out of the attendance area, but the student remains in the school, the student must immediately report their change of residence to the coach and school registrar. In most cases, students who move can retain their eligibility, but special forms and approvals must be on file.

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 until the final contest of that sport, league, playoff, or state competition in which that school is involved, both dates inclusive. The prohibition of playing on "outside" teams applies to school holidays and vacation periods which occur during the season of the sport. Refer to CIF Bylaw 600 or school Athletic Directors for exceptions.

An athlete may change concurrent sports before the first interscholastic competition, but only with the consent of the parents/guardian, both coaches involved, and the Athletic Director.

Athletes are to report injuries to their coach. Injuries requiring medical attention should be reported to the coach before visiting a doctor. An accident form (F5141.1B) is to be filled out by the coach.

Lettering and Awards

District

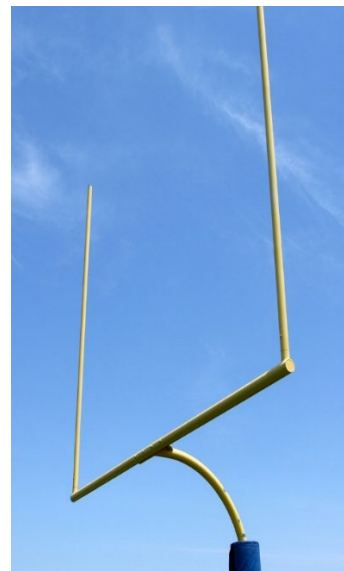
If an athlete quits a team or is dropped from a team by Administration due to an infraction of any section of this contract, they will not receive a letter for that sport, and they will not be eligible for practice or participation in the next succeeding sport until the previous team has completed its season and playoff schedule. Equipment must be returned and the athlete must be cleared of all obligations from their previous sport before clearance will be given to participate in another sport.

Completion of the sports season (season includes all play-off contests) is required for the student to be eligible for a letter or other team or individual awards unless an injury limits such participation. Awards will not be given to any student suspended for the remainder of the season for Declaration/ Athletic Code of Conduct violations. Lettering in each sport is left up to the discretion of the varsity coach.

CIF Sac-Joaquin Section

The CIF Sac-Joaquin Section is proud of two scholar athlete awards that are promoted by the Section. The first award is called the Scholastic Team Achievement Award (STAA), which recognizes teams within the Sac-Joaquin Section that qualify for the playoffs and whose overall GPA is 3.0 or higher. The second award is called the Dale Lacky Award, which recognizes the top female and male scholar athletes in the Section.

Please contact your Athletic Director about the aforementioned awards.



Extracurricular / Co-curricular Activities

Administrative Regulation 6145

1. It is the policy of the El Dorado Union High School District that for a student to become eligible to participate in extracurricular/co-curricular activities, the student must meet the academic grade requirements and citizenship requirements of that activity. If participating in athletics, they must also meet the California Interscholastic Federation requirements.

2. The following definition of terms will be used:

a. “C.I.F.” The California Interscholastic Federation is the statewide executive body that governs all aspects of high school athletics. (EC Sections 33353 & 35179)

b. “C.N.I.F.” California/Nevada Interscholastic Federation is the organization responsible for ski activities.

c. “Regular Grade Reporting Periods.” Grade reporting occurs chronologically at the same time at each school site, regardless of a site’s schedule.

- (1) End of first quarter
- (2) End of first semester
- (3) End of third quarter
- (4) End of second semester

Schools on a 4X4 schedule: First/third quarters are equivalent to semester grades; and first/second semesters represent end-of-course grades.

d. Grade Point Average: A number which represents a student’s overall grade point average for the classes taken during a reporting period. (4.0 = **A**, 3.0 = **B**, 2.0 = **C**, 1.0 = **D**, 0.0 = **F**)

e. For the purposes of this policy, “extracurricular activity” means a program that has all of the following characteristics:

- (1) The program is supervised or financed by the School District.
- (2) Students participating in the program represent the school District.

(3) Students exercise some degree of freedom in the selection, planning, or control of the program.

(4) The program includes both preparation for performance and performance before an audience or spectators.

f. For the purposes of this policy, an “extra-curricular activity” is not part of the regular school curriculum, is not graded, does not offer credit, and does not take place during classroom time.

g. For purposes of this policy, a “co-curricular activity” is defined as a program that may be associated with the curriculum in a regular classroom.

h. An activity is not an extracurricular or cocurricular activity if either of the following conditions applies (EC 35160.5)

(1) It is a teacher-graded or required program or activity for a course that satisfies the entrance requirements for admission to the California State University or the University of California.

(2) It is a program that has as its primary goal the improvement of academic or educational achievement of students.

i. For purposes of this policy, “satisfactory educational progress” shall include, but not be limited to, the following:

(1) Maintenance of minimum passing grades, which is defined as at least a 2.0 grade point average in all enrolled courses on a 4.0 scale.

(2) Maintenance of minimum progress toward meeting the high school graduation requirements prescribed by the Governing Board.

3. Minimum scholarship requirements for participation in all extracurricular and certain co-curricular activities will be as follows:

a. All 9th grade students shall be eligible to participate in extracurricular/co-curricular activities until their grades are reviewed at the end of the first quarter.

- b. Students in grades 9 (other than first quarter), 10, 11, and 12 shall have a grade point average of C (2.0) at the quarter or semester grading period immediately preceding the activity in order to be eligible to participate in extracurricular activities.
 - (1) A student must maintain the grade requirements as set forth by the Board of Trustees.
 - (2) An "Incomplete" grade shall not satisfy the requirement of this section until the academic deficiency has been satisfied and a passing grade has been substituted for the "Incomplete" grade. Upon such substitution, the substituted grade shall be considered in determining scholastic eligibility. A scholastically ineligible student may become immediately scholastically eligible upon such evaluation.
 - (3) Intersession credits shall be counted toward making up scholastic deficiencies incurred in the immediately preceding grading period.
- c. A transfer student is eligible to participate if they were eligible at their previous school and has met CIF transfer eligibility requirements. Transfer students shall have one full grading period to meet the District eligibility requirements.
- d. Students who do not meet the criteria for eligibility based on overall grade point average, or who are not making satisfactory progress toward graduation at the beginning of any school year or at the conclusion of each grade reporting period, will be ineligible to participate until the next regular grade reporting period at which time the student must have met the criteria.
- e. When a student becomes ineligible to participate in extracurricular or co-curricular activities, the student will not be allowed to participate in practices, meetings, or other program activities in the upcoming grading period; or when they are subject to probation, the Principal or designee shall provide a written notice to the student and their parent/guardian.

Eligibility Process

1. Students will be provided one athletic eligibility appeal during their four high school years. In extreme situations (loss of an immediate family member, illness, etc.), a principal may grant one additional appeal to the student during their four high school years. The system for reviewing student eligibility requirements and for appropriate notification of students and sponsors/coaches is as follows:
 - a. At least 10 school days prior to the end of a grading period, the extracurricular advisor/sponsor/coach shall deliver to the Athletic or Activity Director, a roster of club, organization, or team members. In the event an extracurricular activity begins during a quarter, the extracurricular advisor/sponsor/coach shall deliver to the Athletic or Activity Director, a roster of club, organization, or team members at least 15 school days prior to the first league activity.
 - b. The Athletic Director/Principal will establish the eligibility of each participant within 5 school days after the end of the quarter. In the event a participant is found to be ineligible, said participant will be notified by the Athletic Director/Principal. A student will also be considered notified:
 - (1) In the case of an activity spanning two quarters, when the report cards are distributed by the school and the affected participant has had a reasonable opportunity to receive said report card or the Athletic Director/Principal notifies the participant in writing.
 - (2) In the case of an activity beginning during a quarter, when the Athletic Director/Principal notifies the affected participant in writing at least 10 school days prior to the first league game or 5 days after receipt of roster from advisor/sponsor/coach, whichever is earliest.
 - c. Upon notification, the ineligible participant shall have two school days within which to file with the Principal or designee a request to use their athletic appeal if they have not done so previously.
 - d. Within six school days of the receipt of request for review, The principal or designee

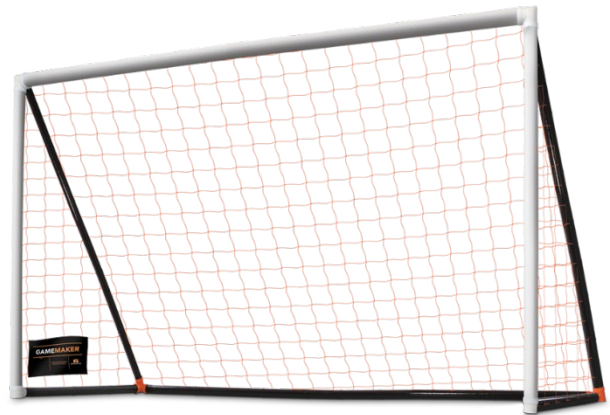
will determine if this is the student's first request for appeal. If so, the appeal will be granted. In the event that the student has already utilized their appeal previously, the appeal will be denied.

- e. The principal or designee will notify the student of their approval or denial of appeal within six school days of the request for appeal.
 - f. A student who is deemed ineligible shall not be allowed to participate in practice or activities pending the determination of the appeal.
2. In the event that the student has used their one appeal in the past, if the student can clearly demonstrate a profound family or personal issue or health condition that would have prohibited the student from performing academically, the principal may consider granting one additional appeal during the student' four years of high school.



Supervision of Students

Coaches/Advisors shall assume supervisory responsibility for team members for the duration of any school-related activity. Under no circumstances are the supervising coaches/advisors to engage in the use of alcohol or illegal substances during the duration of any school activity. Coaches/Advisors shall remain on supervision duty from the moment of departure until the return to the home school; coaches/advisors are to remain until all students have left for home. (AR 6145)



Transportation To/From Athletic Events/School Activities

Transportation for student groups to and from off-campus activities shall be restricted to the following:

- District-owned vehicles
- Private vehicles by authorized drivers
- Commercial carriers
- Governmental agencies

No other transportation arrangements are authorized in transporting students. The Principal or designee and the Director of Transportation shall determine which of the approved modes of transportation is to be used for a specific trip. (BP 3540, 3541.1)

Transportation by bus or other District-owned vehicles should be considered the primary means for transporting students and should be used whenever possible.

All students who are transported to activities must return to the point of departure by the same vehicle.

Transportation by Personal Automobile

Students participating in off-campus school-sponsored activities, including but not limited to, practices, games, meetings, and competitions, are required to travel on school buses, other District-owned vehicles, or other District-designated methods of transportation. Under special circumstances and with prior school approval, students may be transported by a parent/guardian or other designated adult or by themselves. Under no circumstances may students be transported in a vehicle driven by another student or by an adult under 21 years of age.

Transportation to and from an athletic event or activity by a personal automobile of a parent/guardian/designated adult or by students themselves may occur only under the following conditions:

1. **Transportation Provided by Student's Own Parent/Guardian:** A parent/guardian may transport their own student to/from a school-sponsored event or activity with the permission of their school.
2. **Transportation Provided by Another Parent/Guardian/Designated Adult (Must be at Least 21 Years of Age):** Before a parent/guardian/designated adult is allowed to

operate a private passenger vehicle to transport students to/from athletic activities and events, a *Volunteer/Employee Use of Auto Statement for School Activity and Insurance Certification Form* (Form # 6153-5) must be completed and accepted by the supervising employee and approved by the school Principal. Out-of-State drivers licenses will not be approved. The form will identify insurance and vehicle information, further confirming that the driver's insurance coverage will be primary to any insurance coverage available to the District. The form also notes the driver's obligation to maintain a safe vehicle and to operate that vehicle in a safe manner at all times. This form does not require the District to conduct "pull-notices" or other background checks, but it does authorize the District to conduct such reviews if deemed appropriate to do so. This form should be submitted at least 10 days prior to the student being transported in this manner.

3. **Students Transporting Themselves:** At the District's discretion, students may be authorized to transport themselves to/from athletic activities and events. Before District authority is granted to a student to drive themselves to/from a District-sponsored athletic event or activity, a *Student Personal Automobile Use Form* (Form # 6153-3C) must be completed and accepted by the supervising employee and approved by the school Principal. The District's permission for the student to drive themselves to/from events and activities may be revoked or limited at any time, for any reason. This form should be submitted at least 10 days prior to the student being transported in this manner.
4. **Alternate Transportation:** In addition to the appropriate form listed above, a *Student Alternate Transportation Form* (Form # 6153.3E1) must also be received and approved by the supervising employee and the school Principal at least 10 days before transportation to/from an athletic event or activity by a personal automobile takes place.



CIF Sac-Joaquin

Section: Eligibility Guide

for Student Athletes

Message to Student Athletes

Your school is one of more than 1,400 public, parochial, private, and charter high schools that have agreed to follow the rules and regulations it helped enact through the California Interscholastic Federation.

Your high school years will provide some of the most memorable and enjoyable moments you will ever experience. The privilege of competing in interscholastic athletics is a once-in-a-lifetime experience which will influence you forever (participation is dependent on your eligibility).

The following eligibility requirements are only a summary of some of the regulations affecting student eligibility. Most requirements are found in the *CIF Constitution and Bylaws*, which can be found in your school Administrative Office or on the State CIF website, www.cifstate.org. In addition, **your school/District has the authority to establish more stringent standards and enact codes of athletic conduct** that are in the best interest of individual students, the team, and community.

Review the rules with your parents/guardians and ask questions of your Principal and Athletic Director. Your role in following the rules will assure eligibility to participate in interscholastic sports or prevent your participation as an ineligible athlete, which could result in forfeiture of contests for your school.

Summary of the Rules

1. AGE - High school students become ineligible if they reach their 19th birthday before June 15 of the current school year. (*CIF Bylaw 203*)

2. PHYSICAL EXAMINATION - Schools require that a student receive an annual physical examination conducted by a licensed medical doctor certifying that the student is physically fit to participate in athletics. This statement must be on a school board-approved form and be for the current school year. (*CIF Bylaw 503*)

3. SCHOLASTIC ELIGIBILITY - Students must have a 2.0 GPA, on a 4.0 scale in all enrolled classes. Students must have passed at least the equivalent of 20 semester periods of work at the completion of the most recent grading period and currently be enrolled in at least 20 semester periods of work. (*CIF Bylaw 205*)

4. RESIDENTIAL ELIGIBILITY - A student generally has residential eligibility upon initial enrollment in the 9th grade of any CIF member high school. Any student entering from the 8th grade must have achieved a 2.0 GPA on a 4.0 scale in all the enrolled courses at the conclusion of the previous grading period. (*CIF Bylaw 206*)

5. SEMESTERS OF ENROLLMENT - A student may be eligible for athletic competition during a maximum amount of time that is not to exceed eight consecutive semesters following initial enrollment in the 9th grade of any school. (*CIF Bylaw 204*)

6. TRANSFER STUDENTS - A student in grades 9 through 12 who participates in an interscholastic athletic contest or is enrolled in and/or attends a school shall be considered to have been “enrolled” in that school and be classified as a transfer student if the student changes/enrolls in another school.

Students/parents/guardians who transfer should ensure that their coach and/or Athletic Director knows of their transfer and have been cleared by CIF www.cifstate.org and their school for eligibility. CIF Bylaw 207 should be carefully reviewed and followed when a student/athlete transfers.

7. UNDUE INFLUENCE/RECRUITING - The use of undue influence by any person directly or indirectly associated with a school to secure, encourage or retain the attendance of a student for athletic purposes, shall cause the student to become ineligible for a minimum of one year and subject the school to severe sanctions. Also, students may be prohibited from participation if they participated on a non-school team (i.e., AAU, Club, Travel Ball, Camps) and then transfer to the school that is associated with that non-school team. (*CIF Bylaw 510*)

8. PARTICIPATION ON AN OUTSIDE TEAM - A student on a high school team becomes ineligible if they compete in a contest on an “outside” team in the same sport during the student’s high school season of sport. The student’s school team may also be forced to forfeit contests. Some CIF Sections may have restrictions that include a prohibition of practice with an “outside” team. Please consult with your school Administrator prior to participating with a non-school team. (*CIF Bylaw 600*)

9. PROFESSIONAL TRYOUTS - A student shall become ineligible for CIF competition if they participate in a tryout for a professional team in any CIF-approved sport during the high school season of sport. The season of sport for a school is that period of time that elapses between the first interscholastic contest and the final contest in that particular sport.

CAUTION: Compliance with this bylaw does NOT ensure your eligibility with other athletic

organizations, i.e., NCAA, NAIA, or other governing bodies.

One Transfer before 10th Grade

Who qualifies? Any first time 9th grade student, who has not attended more than two consecutive semesters since first enrolling in the 9th grade, may change schools and maintain varsity eligibility before the first day of the student's third consecutive semester (typically the first day of 10th grade). All other CIF rules apply.

What may keep me from qualifying? If you transfer to a new school whose coach worked with your club or program; or follow a coach from your former school; or transfer to a new school where a booster, parent/guardian, friend or staff member encouraged you to attend, you may not be granted transfer eligibility.

How do I request a transfer? First, you must be enrolled in your new school in accordance with its policies. You cannot use false or fraudulent information to get enrolled; if you do, you may be ineligible for up to 24 months.

Once you are enrolled, the school will help you fill out the State CIF Transfer Form and the State CIF Undue Influence Statement to be sent to the Section Office.

When can I transfer? You do not have to finish the year at your school before you transfer. You can transfer any time before the first day of your third semester (typically the first day of 10th grade).

Can I transfer back to my school with eligibility if it doesn't work out for me at the new school? You are only allowed one transfer - one time prior to the first day of your 3rd consecutive semester (typically the first day of 10th grade). If you transfer back, or transfer to another school, you may have only limited eligibility.

Can I transfer to/from a private school? There is no difference between transferring to a private or public school. So long as it is the first and only transfer prior to the first day of your third consecutive semester (typically the first day of 10th grade), you may be eligible.

If I have questions, who should I contact? You should always talk with an Administrator at your current school first. If you need to talk with the new school, you should only talk with the Principal. Talking with a coach at the new school may be considered undue influence or recruiting and prevent you from having eligibility.

CIF Philosophy on Student Eligibility for Interscholastic Athletic Competition

The California Interscholastic Federation (CIF), as the governing body of high school athletics, affirms that athletic competition is an important part of the high school experience and that participation in interscholastic athletics is a privilege.

CIF bylaws governing student eligibility are a necessary prerequisite to participation in interscholastic athletics because they:

- A. Keep the focus on athletic participation as a privilege, not a right.
- B. Reinforce the principle that students attend school to receive an education first; athletic participation is secondary.
- C. Protect the opportunities to participate for students who meet the established standards.
- D. Provide a fundamentally fair and equitable framework in which interscholastic athletic competition can take place.
- E. Provide uniform standards for all schools to follow in maintaining athletic competition.
- F. Serve as a deterrent to students who transfer schools for athletic reasons and to individuals who recruit student athletes.
- G. Serve as a deterrent to students who transfer schools to avoid disciplinary action.
- H. Maintain an ethical relationship between high school Athletic Programs and others who demonstrate an interest in high school athletes.
- I. Support the principles of "Pursuing Victory with Honor."

What Steroids Can Do to You

Over the past decade, anabolic steroid abuse became a national concern. These drugs are used illicitly by weight lifters, body builders, long distance runners, cyclists, and others who claim that these drugs give them a competitive advantage and/or improve their physical appearance.

There are many obvious risks and side effects from teen steroid abuse. Several of these side effects include:

- Sterility.
- Premature ossification (closing over) of growth plates in long bones (stunted growth).
- Aggressiveness.
- Acne.
- Connective tissue injury – irreversible.
- Masculinization (among women).

Even scarier, there is evidence that teens today are more afraid of not experimenting with and using steroids. It is crucial to understand the reasons if we are to attempt to find a solution. Some of the reasons that teens gave were:

- Not making the sports team.

- Not meeting peer pressure and demands.
- Not getting “the girls.”
- Not being able to compete with others who are using steroids.
- Not looking as good as you could.

Today’s teens have seen many of their athletic role models admit to some form of steroid use at some time in their lives. This may be giving them mixed messages. It may suggest that steroid use is the necessary ingredient to develop a career in sports.

Many of these same teens also feel they are invincible—able to withstand any fear or reservations that may exist about the use of drugs. In addition, they are reluctant to believe any warnings offered by the medical community and the media, who so often have delivered alarmist attitudes towards steroid use.

Parents/guardians and coaches can be found guilty of placing emphasis on young athletes:

- They often push young athletes into sports development programs.
- They glorify youngsters who are willing to risk their bodies and morals in order to win.
- They demand that young athletes aspire to greatness at any cost.

Adults have a great impact (positive or negative) on the actions of teenagers, so it is crucial that parents/guardians and educators be aware of the impact of steroids on teenagers. Teenagers also have a great impact on the action of other teens!

If you have a friend who is using steroids, talk to them. They just might listen to you.

There are also socio-cultural factors that play a role in steroid use:

- Locker room talk becomes the place to pass along twisted information from one teen to another, in order to justify drug use.
- Taking risks is essential to the success of great athletes, where in order to be drafted and make millions of dollars, you must take chances (like steroids). These are common perceptions, right or wrong, they exist.
- Group dynamics—Where a group of guys will collectively agree to the positive effects of steroids. This dynamic occurs more easily than one’s independent judgment. Conforming to peer pressure and pressure from older siblings, older teammates and magazine heroes.

Ultimately, how will we control and compact the rampant use of these drugs? The only viable option is to educate adults and teens.

National Institute on Drug Abuse (NIDA) website:
<http://www.nida.nih.gov>
<http://www.drugabuse.gov/drugs-abuse/steroids-anabolic>

Parent/Guardian Guide

Parents/guardians can play a key role in helping your student learn the values of winning and losing. Below are some suggested topics you can discuss with your student in these situations.

Value of Winning: Help your student learn the value of winning by:

- Offering congratulations for winning, and identifying and discussing the efforts made by individuals and the team.
- Recognizing the improvement and growth of both individuals and the team.
- Emphasizing competitiveness and doing one’s best.

Value of Losing: Help your student learn from losing experiences by:

- Crediting the other team.
- Crediting the play of their opponent.
- Focusing on improvement by individuals and team.
- Discussing what was successful.
- Discussing what, if anything, individuals or the team could have done differently.
- Accepting the loss, setting individual goals, and moving forward.

Conduct: The importance of parents/guardians behaving as model spectators cannot be overstated. Parents/guardians who support the rule of conduct provide a role model for other parents/guardians and students alike. Of particular concern are parents/guardians who harass officials or make comments in the stands regarding judgment decisions made by the coach. This is counter-productive and tends to destroy the values of good sportsmanship and the game.

Issues of Concern: What are appropriate issues to discuss with the coach? This is often the question many parents have when their students are participating in sports.

Parents/guardians are encouraged to discuss:

1. The treatment of their student.
2. Ways to help their student improve.
3. Concerns about their student’s behavior.
4. Coaches’ philosophy.
5. Coaches’ expectations for their student and the team.

6. Team rules and requirements.
7. Sanctions incurred by their student.
8. Scheduling.
9. College participation.

Parents/guardians are NOT encouraged to discuss:

1. Placement on teams.
2. Playing time.
3. Strategies used by the coach during contests.
4. Other student athletes.

Special Note: It is difficult to accept that your student is not playing as much as you hoped they would. Coaches are professionals. They make judgment decisions based on what they believe to be in the best interest of the team. The coach must take into account all members of the team, not just your student.

Coach or Program Complaints: It is imperative that parents/guardians respect the position of the coach and direct any concerns to the coach first. If you wish to discuss a problem or issue concerning your student, please begin by contacting their coach. Often the problem or issue is resolved at this level.

Steps for Resolution

- First, contact the coach.
- Second, contact the Athletic Director.
- Third, contact the school’s Principal.

Productive Communication

Please make an appointment to speak with the coach prior to or after game day for productive communication.

Parent/Guardian- Student Notices

Nondiscrimination, Harassment, Intimidation, Bullying

The Governing Board is committed to providing equal opportunity for all individuals in District programs and activities. District programs, activities, and practices shall be free from unlawful discrimination, including discriminatory harassment, intimidation, or bullying based on a student’s actual or perceived race, color, ancestry, nationality, national origin, immigration status, ethnic group identification, ethnicity, age, religion, marital status, pregnancy, parental status, physical or mental disability, medical condition, sex, sexual orientation, gender, gender identity, gender expression, genetic information, or any other legally protected status or association with a person or group with one or more of these actual or perceived characteristics. (BP 0410)

Students who engage in discrimination, harassment, intimidation, or bullying, in violation of law, Board policy, or administrative regulation shall be subject to appropriate consequence or discipline, up to and including counseling, suspension, and/or expulsion. An employee who permits or engages in prohibited discrimination, harassment, intimidation, and/or bullying, shall be subject to disciplinary action, up to and including dismissal.

Any student who feels that they has been subjected to unlawful discrimination, harassment, intimidation, and/or bullying are strongly encouraged to immediately contact school Administration, a teacher, or other staff member. Any student who observes any such incident of discrimination, harassment, intimidation, and/or bullying are strongly encouraged to report the incident to school Administration, teacher, or other staff member, whether or not the alleged victim files a complaint.

If school personnel witness an act of unlawful discrimination, including discriminatory harassment, intimidation, retaliation, or bullying, they shall take immediate steps to intervene to stop the incident, when it is safe to do so and immediately report this observation to the school Administration whether or not the alleged victim files a complaint. They shall also report to school Administration any reports that are made to them by students.

Reports of alleged discrimination, harassment, intimidation, and/or bullying by a school staff member should be made to the school Principal or directly to the Assistant Superintendent of Human Resources if the student/parent/guardian is uncomfortable about making such a report directly to the school Administrator.

Administrative Regulation 5145.3, should be consulted for more information regarding reporting/complaint procedures. AR 5145.3 can be found on the District’s website at www.eduhsd.net. Click on “Board of Trustees” then “Board Policies”. The regulation can also be obtained at the school or at the District Office.

Title IX/Sexual Harassment

The Code of Federal Regulations, Title 34, Section 106.8 requires the District to issue the following notification to students at all grade levels and their parents/guardians:

The District does not discriminate on the basis of sex in any education program or activity that it operates. The prohibition against discrimination on the basis of sex is required by federal law (20 USC 1681-1688; 34 CFR Part 106) and extends to employment. The District also prohibits retaliation against any student

for filing a complaint or exercising any right granted under Title IX.

Title IX requires a school district to take immediate and appropriate action to address any potential Title IX violations that are brought to its attention. Any inquiries about the application of Title IX, this notice, and who is protected by Title IX may be referred to the District's Title IX Coordinator, and/or to the Assistant Secretary for Civil Rights of the U.S. Department of Education or both.

The District has designated and authorized the following employees as the District's Title IX Coordinators to address concerns or inquiries regarding discrimination on the basis of sex, including sexual harassment, sexual assault, dating violence, domestic violence, and stalking:

Assistant Superintendent, Human Resources
tdeville@eduhsd.net

Or

Senior Director, Student Services and Innovation
cpalmer@eduhsd.net

4675 Missouri Flat Rd, Placerville, CA 95667
(530) 622-5081

Any individual may report sex discrimination, including sexual harassment, to the Title IX Coordinator or any other school employee at any time, including during non-business hours, by mail, phone, or email. During District business hours, reports may also be made in person.

Alleged sexual harassment that does not meet the definition of Title IX Sexual Harassment shall be addressed through the District's Uniform Complaint Procedures (AR/BP 1312.3)

To view an electronic copy of the District's policies and administrative regulations on sexual harassment, including the grievance process that complies with 34 CFR 106.45, please see AR/BP 5145.7 - Sexual Harassment, AR 5145.71 - Title IX Sexual Harassment Complaint Procedures and AR/BP 1312.3 Uniform Complaint Procedures on the District's website at <http://www.eduhsd.k12.ca.us/>.

Health Notification

MRSA (methicillin-resistant staph aureus) is a type of staph infection that is resistant to many common antibiotics and in cases where treatment is needed, can be very difficult to treat. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics, but occasionally serious infections require treatment. In the last few years, there have been a number of cases where these bacteria have spread among members of sports

teams. The District wants to make parents/guardians and student athletes aware that MRSA can have serious and deadly ramifications if not dealt with immediately. (Also, see www.cifstate.org; click on "Sports Medicine" box at the top of the page.)

Warning Signs

It is common for athletes to have pimples, cuts, and abrasions on their skin. Here are a few warning signs to look for and ask about when deciding whether a wound requires medical attention. **If you have any of these signs or symptoms, seek medical attention** immediately.

- Unusual or increasing pain and/or warmth.
- The presence of pus or a pustule.
- Induration (hardness).
- Increasing swelling, size, or redness of the wound.
- Red streaks around the wound.
- Fever and/or chills (flu-like symptoms).

Precautions for Preventing the Spread of MRSA

- Shower with soap as soon as possible after practices and competitions. If MRSA bacteria are present on your skin, you can wash them away before they have a chance to cause infection.
- Don't share towels, razors, soap, or other personal items.
- Cover all wounds to help prevent infection, especially during practice and competition. If a bandage or wrapping falls off, replace it immediately.
- Get every skin wound, no matter how minor, checked out by your coach, athletic trainer, parent/guardian, or team physician.
- Dry out your equipment and padding after each use. Wash your clothes daily.
- Do not store uniforms and equipment in a dark, moist, warm environment. Keep your locker clean and dry.
- Wash your hands often. Frequent hand washing with soap for at least 15 seconds is one of the best ways to prevent MRSA.

COVID-19

COVID-19 is a virus that can cause respiratory symptoms similar to seasonal flu, such as fever, cough, and shortness of breath. Some people have no symptoms. There are several types of coronavirus: COVID-19 is only one (recently identified) type. Most people who become ill from coronaviruses that circulate in the U.S. recover on their own. Some people, particularly those with underlying health problems, the elderly, or those with severe symptoms, may require more intensive medical care.

The novel coronavirus (COVID-19) has greatly changed how the athletic program and the related events and activities are carried out. It is the intent of the District to keep all of our student athletes, coaches and staff healthy and safe. The District will adhere to all state and county health departments' testing guidelines to prevent the spread of Covid-19. The District will communicate with parents, athletes, and coaching staff any changes to the District's athletic program based on guidance from the State of California, California Department of Public Health (CDPH), California Department of Education (CDE), El Dorado County Health and Human Services Agency (HHS), and the California Interscholastic Federation (CIF).

COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms reported, from mild symptoms to severe illness. Many of these symptoms are similar to cold and allergies. Call your medical provider if you have any symptoms that are severe or concerning to you.

COVID-19 Symptoms may appear 2-14 days after exposure to the virus. People experiencing these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or Body Aches
- Headache
- New loss of taste or smell
- Sore Throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update list as we learn more.

Protect yourself and others:

1. Wear a Mask
2. Wash your hands often
3. Social Distance

As required by California Department of Public Health guidelines, coaches and student athletes may be required to be COVID-19 tested. Attendance for spectators at sporting events is governed by CDPH guidelines which may require social distancing and limit observers. Coaches and athletic directors will keep families participating in these programs informed regarding updated guidance as it becomes available. For more information, visit the CDPH website at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>

Acknowledgment and Consent Form

Our signatures below acknowledge that I/we have read and agree to the contents of this Athletic Handbook. Furthermore, I/we understand all rules, including those pertaining to Eligibility, Residency, Declaration of Student Athlete, Code of Conduct, and Student Sportsmanship. I hereby grant permission for my student to participate in the interscholastic activity program. I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the students, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement.

(PLEASE PRINT)

STUDENT NAME		YEAR OF GRADUATION	
ADDRESS	CITY	STATE	ZIP CODE
SPORT			
STUDENT ATHLETE SIGNATURE X		DATE	
PARENT / GUARDIAN SIGNATURE X		DATE	

(READ EACH ITEM BELOW AND INITIAL AT THE RIGHT)

I UNDERSTAND AND ACCEPT THAT:	PARENT/GUARDIAN	STUDENT
1. I/we reside at the address listed above. As defined in CIF Constitution and Bylaws, "reside" is defined as the student and family, with all of their personal items, live full time at the address provided. For students of divorced or separated parents, the student must reside at least 50% of the time at the address provided. The district may request a copy of a divorce decree or legal order indicating the physical custody status of the student as verification.		
2. I/we understand that we are required to submit proof of residence and a transfer request if there is a change of residence address.		
3. Use or possession of illegal drugs is not permitted.		
4. Use or possession of alcohol is not permitted.		
5. Use or possession of tobacco is not permitted.		
6. Use or possession of illegal performance enhancing drugs is not permitted.		
7. Vaping devices are not allowed at school or school activities.		
8. Athletic eligibility requires a 2.0 grade point average.		
9. Student athletes must have attended the majority of their school day on the day of a contest or practice in order to participate.		
10. I have read the <i>Parent/Concussion/Head Information Sheet</i> and <i>Parent Concussion/Head Injury Symptoms and Signs</i> .		
11. I have read the <i>Prescription Opioids: What You Need to Know</i> Factsheet and understand the risks and side effects of opioid use, and strategies for minimizing the risk of addiction and overdose.		

I UNDERSTAND AND ACCEPT THAT:	PARENT/GUARDIAN	STUDENT
12. I understand that transferring to another school site may affect my student's ability to participate in CIF sanctioned athletics at the new school. I recognize and acknowledge possible CIF sanctions that may include, but are not limited to: Sit out periods, which could result in my student missing ½ of their season of sport or more at the new school. I also understand that the El Dorado Union High School District has no say in CIF decisions and there is no recourse or appeal to the district.		
13. I understand that CIF may impose sanctions of up to a two-year sit out period for athletes whose parents provide false or misleading information regarding residency or to gain transfer to another school.		
14. I/we understand CIF rules apply regarding athletic eligibility. For more information, please visit www.cifsjs.org . Parents of transferring student athletes should meet with the Athletic Director of the requested school site prior to submitting the transfer request so you are fully aware of possible ramifications of the transfer, including possible CIF imposed sit out periods or loss of eligibility. By initialing, you acknowledge that you have either met / spoke with the Athletic Director or are aware of this recommendation but have conscientiously elected not to, against EDUHSD recommendation.		

Please indicate if your student has any disability that needs accommodations to participate: Yes No

IEP: Yes No 504 Accommodation Plan: Yes No

If yes, indicate the nature of the disability:

Has your student played sports for another high school: Yes No

Does your student attend the Pacific Crest Academy: Yes No

Agreement for Student Athlete and Parent/Guardian Regarding Use of Steroids

Student Athlete: _____

As a condition of membership in the California Interscholastic Federation (CIF), and in accordance with Education Code 49030, the Governing Board of El Dorado Union High School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 503.I requires that all participating student athletes and their parent/guardian sign this agreement.

By signing below, we agree that the above-named student athlete shall not use androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-doping Agency as well as the substance synephrine, without the written prescription from a licensed health care practitioner to treat a medical condition. (A copy of the prescription and/or Medication in School form 5141.21A-f may be requested for verification.)

As parent/guardian of said student, I recognize that under CIF Bylaw 202.B that said student may be subject to penalties, including ineligibility for any CIF competition, if said student or I, as their parent/guardian, provide incorrect, inaccurate, incomplete or false information to the CIF or the El Dorado Union High School District.

We, the undersigned further understand that said student's violation of the El Dorado Union High School District's policy regarding steroids may result in discipline against said student, including, but not limited to, restriction from athletics, suspension, or expulsion.

I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the students, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement.

Signature of Above-Named Student Athlete

Date

Signature of Parent/Guardian of Above-Named Student Athlete

Date

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Release of Liability and Assumption of Risk Agreement for School Club or School-Sponsored Activities Participation

STUDENT NAME	SCHOOL	DATE(S) OF ACTIVITY
CLUB / ACTIVITY		LOCATION

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this release is a prerequisite to participation in any extracurricular sport, club or activity. This release essentially says that my son/daughter named above is voluntarily participating in an extracurricular sport, club or activity as specified above. This voluntary participation is a privilege and not a right. Participation in the extracurricular sport, club or activity, includes but is not limited to, practices, training, coaching, use of equipment, as well as events, shows, games or other competitions, including traveling to and from any of the activities.

If he/she is hurt, disabled, injured, or even dies, from an injury or exposure to a contagious virus such as a SARS-CoV2 (COVID-19), I/we (i.e., the student, his/her parent/s, guardian/s, or heir/s) will not make a claim against or sue the El Dorado Union High School District (hereinafter EDUHSD), its trustees, officers, employees, and agents, or expect them to be responsible or pay for any damages.

I, the undersigned, understand and acknowledge that the above-named student has voluntarily chosen to participate in this extracurricular sport, club or activity at his/her own risk. I know and fully understand that said extracurricular sport, club or activity may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents or exposures can occur, and where participants can sustain physical injuries, illness or disability, damage to their property, or even die. Regardless of whether the extracurricular sport, club or activity involves physical contact or not, any activity includes inherent risks of injury which are inseparable from the activity. I also acknowledge that the extracurricular sport or activity involves physical contact that may involve exposure to the SARS-CoV2 (COVID-19) virus. I acknowledge and willingly assume all risks and hazards of potential injury, illness, disability and death in this extracurricular sport, club or activity, including any transportation to or from the activity, or exposure to COVID-19 during transportation or while participating in the activity.

In consideration for EDUHSD, allowing the student to participate in this extracurricular sport, club or activity, I voluntarily agree to release, waive, discharge, and hold harmless the EDUHSD and its trustees, officers, employees, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury, death, or damages of any nature in any way connected with the student's participation in this extracurricular sport, club or activity. I also expressly agree to release and discharge the EDUHSD, its trustees, officers, employees, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this extracurricular sport, club or activity, and I sign this release on his/her behalf. *In signing this document I fully recognize and understand that if my son/daughter is hurt, contracts a contagious virus, is disabled, or dies, or his/her property is damaged, I am giving up my right and the right of his/her heirs to make a claim or file a lawsuit against the EDUHSD, its trustees, officers, employees, and agents.*

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS, AND I FURTHER UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT IN THIS EXTRACURRICULAR SPORT, CLUB OR ACTIVITY. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE AGREEMENT'S PROVISIONS, PARTICIPATION IN THE EXTRACURRICULAR SPORT, CLUB OR ACTIVITY, AND ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

DATE:

X

Signature of Parent/Legal Guardian or Non-minor Student/Participant*

DATE:

X

Signature of Minor Student/Participant Acknowledging Risk

*A student 18 years of age or older is considered, by law, a non-minor and may sign form in the place of a parent/guardian and assumes all of the above -stated risks and liabilities for himself/herself.

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EL DORADO UNION HIGH SCHOOL DISTRICT

ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE BY EL DORADO UNION HIGH SCHOOL DISTRICT COVID-19 PROTOCOLS

EXTRACURRICULAR SPORT, CLUB OR ACTIVITY:

SCHOOL NAME:

STUDENT(S) NAME:

GRADE:

The novel coronavirus (or COVID-19) has created a pandemic resulting in a State of Emergency in California. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health officers have required or recommended social distancing and, in many instances, have prohibited or significantly limited the congregation of groups of people.

El Dorado Union High School District (“EDUHSD”) is complying with guidance and taking reasonable steps to mitigate the risk of spreading SARS-CoV-2 (“COVID-19”). However, this risk cannot be completely eliminated and EDUHSD cannot guarantee that you and/or, if applicable, your student(s)/child(ren) will not become infected with COVID-19. Further, participating in the EDUHSD athletic program and related events and activities (“Athletic Program”) could increase your and/or, if applicable, your student(s)/child(ren)’s risk of contracting COVID-19. Consequently, for the safety of our staff, students, parents, and other visitors, EDUHSD requires all persons participating in its activities during this pandemic to acknowledge an assumption of the risk, waive (i.e. release) liability, and agree to abide by our COVID-19 protocols, as follows:

1. I request to participate in the above Activity. If applicable, I am the parent and/or legal guardian of the above-named student(s)/child(ren), and I request that he/she/they be allowed to participate in the above Activity and I give my permission for he/she/they to do so.
2. Assumption of Risk. By signing this agreement, I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and, if applicable, my student(s)/child(ren), may be exposed to or infected by (COVID-19) by participating in the above activity, and while being transported to and from said activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in the Activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other participants or EDUHSD officials, employees, volunteers, and/or representatives. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, loss, or injury to myself and/or, if applicable, my student(s)/child(ren)(including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I, or, if applicable, my student(s)/child(ren), may experience or incur in connection with the above Activity. (“Claims”).
3. Waiver of Liability. In consideration for the District's allowing me and/or, if applicable, my student(s)/child(ren) to participate in the above Activity, I, on behalf of myself, and/or, if applicable, my student(s)/child(ren), hereby release, covenant not to sue, discharge, and hold harmless the District,, and any officials, employees, volunteers, and/or representatives thereof (“Releases”), of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence or other conduct of EDUHSD, its officials, employees, volunteers, agents and/or representatives, whether a COVID-19 infection occurs before, during, or after participation in the above Activity.

4. Agreement to Abide by COVID-19 Protocols. I agree that I, and/or, if applicable, my student(s)/child(ren), will not enter District grounds or facilities if I am, and/or he/she/they is/are, feeling ill, which includes, but is not limited to, the following symptoms: fever, cough, difficulty breathing, shortness of breath, chest pain, and/or bluish lips or face. I understand and acknowledge that I, or, if applicable, my student(s)/child(ren), may be denied entrance or admittance if the District determines that I am, or he/she/they is/are, showing any such symptoms. I warrant and represent that I am not aware of any medical condition of myself and/or, if applicable, my student(s)/child(ren) which would render it inappropriate for me and/or him/her/they to participate in the activity. I agree to abide by all COVID-19 guidelines and other COVID-19-related policies and procedures, which may change over time as circumstances change over time. This may include hand washing requirements and temperature checks for myself and, if applicable, my student(s)/child(ren). I agree to practice good hygiene etiquette such as sneezing into my elbow, utilizing tissues, and avoid touching my eyes, nose, and mouth, and, if applicable, to instruct my student(s)/child(ren) to do the same. I understand and acknowledge that my failure to abide by and/or my failure to ensure that any student/child of mine abides by this agreement may result in me and/or, if applicable, my student(s)/child(ren), being removed from the Athletic Program.

I HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE BY EDUHSD COVID-19 PROTOCOLS, FULLY UNDERSTAND ITS TERMS.

Student Name

Student Signature

Date

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her/their personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her/their release provided above for all the Releases, and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence and/or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Parent/Guardian Name

Parent/Guardian Signature

Date

F6153-6C 3/23/21

Athletic Insurance Information Statement

Per Education Code 32221.5, "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. 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 Covered California Service Center toll-free at 1-800-300-1506.

The El Dorado Union High School District makes every effort to protect students, but does not assume any liability for injury.

California Education Code Section 32221 requires public schools to make available, for each member of an athletic team, insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

- (a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (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 one thousand, five hundred dollars (\$1,500).
- (c) At least one thousand, five hundred dollars (\$1,500) for all such medical and hospital expenses.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for them in any other way or manner, including, but not limited to, purchase by themselves, or by their parent or guardian.

STUDENT NAME	SCHOOL	GRADE
<p>I have or will enroll my student in accident insurance as indicated below in order to meet the requirements of the California law. Check the appropriate response(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tackle Football Insurance (covers tackle football only). <input type="checkbox"/> School Time Insurance (covers sports other than football). <input type="checkbox"/> Full Time (24/7) Insurance (covers sports other than football). <input type="checkbox"/> Student Accident and Sickness Plan (covers sports other than football). <p><u>OR</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> I have health or accident insurance for my student which meets the requirements of California law and elect not to purchase student insurance. (List company name, policy or group number.) <p>NOTE: If you have questions regarding school insurance, please call Myers-Stevens & Toohey at 1-800-827-4695. Bilingual representatives are available for parents/guardians who need assistance in Spanish.</p>		
COMPANY NAME		POLICY OR GROUP NO.

I (parent/guardian/non-minor student) have the right and authority to enter into this Agreement and to bind myself, the students, and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this Agreement.

I will promptly notify the school in the event insurance coverage no longer applies to my student.

X	
SIGNATURE OF PARENT / GUARDIAN	DATE

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COACHES RETURN THIS FORM TO ATHLETIC OFFICE AT THE END OF THE SEASON

Student Emergency Card Form

EL DORADO UNION HIGH SCHOOL DISTRICT

STUDENT LAST NAME:		FIRST NAME:		MIDDLE:	
DATE OF BIRTH:				GRADE LEVEL CURRENT YEAR:	
STUDENT HOME ADDRESS:			MAILING ADDRESS:		
SCHOOL:	<input type="checkbox"/> EL DORADO HS	<input type="checkbox"/> OAK RIDGE HS	<input type="checkbox"/> PONDEROSA HS	<input type="checkbox"/> UNION MINE HS	<input type="checkbox"/> OTHER (specify):

FATHER/ GUARDIAN	NAME:	HOME ADDRESS:	HOME PHONE:
	EMPLOYER:	CELL PHONE:	WORK PHONE:
	FATHER/GUARDIAN E-MAIL:		
MOTHER/ GUARDIAN	NAME:	HOME ADDRESS:	HOME PHONE:
	EMPLOYER:	CELL PHONE:	WORK PHONE:
	MOTHER/GUARDIAN E-MAIL:		
BROTHERS/SISTERS:			
FAMILY PHYSICIAN:		PHONE:	
PERSONS TO CALL WHEN PARENTS/GUARDIAN ARE NOT AVAILABLE:	NAME:		PHONE:
	NAME:		PHONE:

- Yes No Allergic Reactions – If yes, type of allergy: _____
- Yes No Asthma – If yes, medication taken, if any: _____
- Yes No Convulsions – If yes, type: _____
- Yes No Medications taken – If yes, name: _____ Time of day taken: _____
- Yes No Diabetes: _____
- Yes No Tetanus – Date of last immunization: _____
- Yes No Other information – If yes, specify: _____

DATE OF LAST PHYSICAL:	INSURANCE COMPANY:	POLICY NUMBER:
------------------------	--------------------	----------------

AUTHORIZATION OF CONSENT FOR EMERGENCY TREATMENT OF MINOR

I/WE, the parents/guardian of _____, a minor, authorize the El Dorado Union High School District to act as my/our agent in my/our absence to obtain through the physician named above such medical or hospital care as is reasonably necessary for the welfare of the student, including necessary transportation if they are injured in the course of school athletic or other activities. In the event said physician is not available at the time, I/WE authorize such care and treatment to be performed by a licensed physician or surgeon. I/WE agree to bear all costs incurred as a result of the foregoing.

I/WE hereby agree to hold the school District, its employees, agents, coaches, representatives, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature which may arise by or in connection with participation by my/our student in any activities related to the interscholastic of their school.

PARENT/GUARDIAN SIGNATURE:

DATE:

X

FOR OFFICE USE ONLY	Fines Owed / Paid:	Cleared for the following sport(s)/extracurricular activity(ies):
	Fall _____	Fall _____
	Winter _____	Winter _____
	Spring _____	Spring _____

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[PLEASE PRINT]

EL DORADO UNION HIGH SCHOOL DISTRICT Sports Participation Health Record

This form must be completed every academic year

NAME:		AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F		GRADUATION YEAR:
ADDRESS:		CITY:	ZIP:	PHONE:	

- Baseball Cheerleading Football Lacrosse Soccer Swimming/Diving Track Water Polo
 Basketball Cross-country Golf Skiing/
Snowboarding Softball Tennis Volleyball Wrestling

PART A – HEALTH HISTORY

Yes	No	
1. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an illness or injury that: a. Required you to stay in the hospital, <i>explain</i> :
<input type="checkbox"/>	<input type="checkbox"/>	b. Lasted longer than a week, <i>explain</i> :
<input type="checkbox"/>	<input type="checkbox"/>	c. Is related to allergies, e.g., hay fever, hives, bee sting, <i>explain</i> :
<input type="checkbox"/>	<input type="checkbox"/>	d. Required an operation, <i>explain</i> :
<input type="checkbox"/>	<input type="checkbox"/>	e. Is chronic, e.g., asthma, diabetes, seizures*, <i>explain</i> :
2. <input type="checkbox"/>	<input type="checkbox"/>	Do you take medications or pills, specify:
3. <input type="checkbox"/>	<input type="checkbox"/>	Have any members of your family under age 50 had a heart attack or died unexpectedly, <i>explain</i> :
4. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever been: a. Dizzy or passed out during or after exercise, <i>explain</i> :
<input type="checkbox"/>	<input type="checkbox"/>	b. Unconscious or had a concussion, <i>explain</i> :
5. <input type="checkbox"/>	<input type="checkbox"/>	Does running the 1/2-mile give you difficulty, <i>explain</i> :
6. <input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses or contacts, <i>explain</i> :
7. <input type="checkbox"/>	<input type="checkbox"/>	Do you have dental bridges, plates, or braces, <i>explain</i> :
8. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a heart murmur, high blood pressure, or a heart abnormality, <i>explain</i> :
9. <input type="checkbox"/>	<input type="checkbox"/>	Do you have any allergies to medicines, <i>explain</i> :
10. <input type="checkbox"/>	<input type="checkbox"/>	Are you missing a kidney, lung, eye, or testicle, <i>explain</i> :
11. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever had severe arm or neck pain, <i>explain</i> :
12. <input type="checkbox"/>	<input type="checkbox"/>	Have you sprained, strained, dislocated, or broken any of the following: <input type="checkbox"/> Ankle <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Other, <i>explain</i> : <input type="checkbox"/> Back <input type="checkbox"/> Foot <input type="checkbox"/> Humerus <input type="checkbox"/> Pelvis <input type="checkbox"/> Chest/Ribs <input type="checkbox"/> Forearm <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Collarbone <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Wrist

*A swim seizure form is required for swim activities

I, hereby, state the answers on form are correct to the best of my knowledge. I have also read and agree to the contents of the athletic handbook.

X _____
Signature of Student Athlete

Date

I agree with the health history and give my permission for an examination. I have also read and agree to the contents of the athletic handbook.

X _____
Signature of Parent / Guardian

Date

PART B – PHYSICAL EXAMINATION RECORD (TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR)

Height (inches) _____ Blood Pressure _____ / _____ Vision - Right _____

Weight (pounds) _____ Pulse _____ Vision - Left _____

CORE EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a. Eyes			
b. Ears, Nose, Throat			
c. Mouth, Teeth			
d. Neck			
e. Cardiovascular			
f. Chest, Lungs			
g. Abdomen			
h. Skin			
i. Genitalia, Hernia			

ORTHOPEDIC EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a. Neck			
b. Spine			
c. Shoulders			
d. Arms, Elbows			
e. Forearms, Wrists, Hands			
f. Hips			
g. Knees, Legs			
h. Ankles, Feet			
i. Flexibility			
j. Neuromuscular			

Abnormalities found in the health history and/or physical examination that needs assessment:

RECOMMENDATIONS: Approved for full participation Needs to have the above abnormalities cleared before participation.
 Disqualified or limited in the following sports:

X _____
 Licensed Medical Doctor's Signature

Date: _____

 Licensed Medical Doctor's Printed Name

 Licensed Medical Doctor's Address

Parent/Guardian Concussion/Head Injury Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), as well as certification/training in First Aid, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911

to take them immediately to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your student should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.



CIF Graded Concussion Symptom Checklist



Today's Date: _____ Time: _____ Hours of Sleep: _____ Date of Injury: _____ Date of Diagnosis: _____

- **Grade the 22 symptoms with a score of 0 through 6.**
 - *Note that these symptoms may not all be related to a concussion.*
- **You can fill this out at the beginning of the season as a baseline (after a good night's sleep).**
- **If you suspect that you have a concussion, use this checklist to record your symptoms.**
- **You can track your symptoms as you recover.**
 - *There is no scale to which to compare your total score; your score is individualized to you.*
- **Show your baseline (if available) and any follow-up checklists to your physician.**

<input type="checkbox"/> Baseline Score
<input type="checkbox"/> Post Concussion Score

	None	Mild	Moderate	Severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional than usual	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
TOTAL SUM OF EACH COLUMN	0						
TOTAL SYMPTOM SCORE (Sum of all column totals)							

NAME _____ HIGH SCHOOL _____

D.O.B. _____ SPORT _____ PHYSICIAN (MD/DO) _____

Parent/Guardian Concussion/Head Injury Symptoms & Signs

Symptoms may include one or more of the following

- Headaches
- "Pressure in head"
- Nausea or throws up
- Neck pain
- Has trouble standing or walking
- Blurred, double, or fuzzy vision
- Bothered by light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Loss of memory
- "Don't feel right"
- Tired or low energy
- Sadness
- Nervousness or feeling on edge
- Irritability
- More emotional
- Confused
- Concentration or memory problems
- Repeating the same question/comment

Signs Observed by teammates, parents/guardian, and coaches include

- Looks dizzy
- Looks spaced out
- Confused about plays
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or awkwardly
- Answers questions slowly
- Slurred speech
- Shows a change in personality or way of acting
- Can't recall events before or after the injury
- Seizures or has a fit
- Any change in typical behavior or personality
- Passes out

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school Administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experiences such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Berlin, October 2016
- CDC Pediatric mTBI Guideline: [Click Here](https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html), <https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html>
- HEADS UP to Youth Sports: [Click Here](https://www.cdc.gov/headsup/youthsports/index.html), <https://www.cdc.gov/headsup/youthsports/index.html>

EL DORADO UNION HIGH SCHOOL DISTRICT

Parent/Guardian Concussion/Head Injury Symptoms & Signs

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, and CPR.

For current and up-to-date information on concussions you can visit:
<https://www.cdc.gov/headsup/youthsports/index.html>

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

_____ Student Athlete Name Printed	_____ Student Athlete Signature	_____ Date
_____ Parent or Legal Guardian Printed	_____ Parent or Legal Guardian Signature	_____ Date



CIF Concussion Return to Play (RTP) Protocol



CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- A graduated return to play protocol **MUST** be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
 - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., Athletic Director, coach), must initial each stage after you successfully pass it.
 - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms worsen at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. <u>Minimum</u> of 6 days to pass Stages I and II.				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	Limited physical activity that does not exacerbate symptoms for at least 2 days	<ul style="list-style-type: none"> • Untimed walking okay • No activities requiring exertion (weight lifting, jogging, P.E. classes) 	<ul style="list-style-type: none"> • Recovery and reduction/elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none"> • 10-15 minutes (min) of brisk walking or stationary biking • Must be performed under direct supervision by designated individual 	<ul style="list-style-type: none"> • Increase heart rate to ≤ 50% of perceived maximum (max) exertion (e.g., < 100 beats per minute) • Monitor for symptom return
	II-B	Moderate aerobic activity <i>(Light resistance training)</i>	<ul style="list-style-type: none"> • 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, ≤ 10 min total 	<ul style="list-style-type: none"> • Increase heart rate to ≤ 50-75% max exertion (e.g., 100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity <i>(Moderate resistance training)</i>	<ul style="list-style-type: none"> • 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight 	<ul style="list-style-type: none"> • Increase heart rate to > 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills <i>(No restrictions for weightlifting)</i>	<ul style="list-style-type: none"> • Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat 	<ul style="list-style-type: none"> • Add total body movement • Monitor for symptom return
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor. <i>You must be symptom-free prior to beginning Stage III.</i>				
	III	Limited contact practice	<ul style="list-style-type: none"> • Controlled contact drills allowed (no scrimmaging) 	<ul style="list-style-type: none"> • Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> • Return to normal training, with contact • Return to normal unrestricted training 	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice. (If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)				
	IV	Return to play (competition)	<ul style="list-style-type: none"> • Normal game play (competitive event) 	<ul style="list-style-type: none"> • Return to full sports activity without restrictions

Athlete's Name: _____

Date of Injury: _____

Date of Concussion Diagnosis: _____



CIF Physician Letter to School



To Whom It May Concern:

Student Name: _____ DOB: _____

INJURY STATUS

Date of Concussion Diagnosis by MD/DO: _____

Date of Injury: _____

- Has been diagnosed by a MD/DO with a concussion and is currently under our care.
Medical follow-up evaluation is scheduled for (date): _____
- Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.

ACADEMIC ACTIVITY STATUS (Please mark all that apply)

- This student is not to return to school.
 - This student may begin to return to school based on graduated progression through the **CIF Concussion Return to Learn Protocol**.
 - This student requires the necessary school accommodations set forth on the **Physician (MD/DO) Recommended School Accommodations Following Concussion** form.
 - This student may be released to full academic participation.
- Comments:* _____

PHYSICAL ACTIVITY STATUS (Please mark all that apply)

- This student is not to participate in physical activity of any kind.
 - This student is not to participate in recess or other physical activities except for untimed, voluntary walking.
 - This student may begin a graduated return to play progression (see **CIF Concussion RTP Protocol** form).
 - This student has medical clearance for unrestricted athletic participation (Has completed the **CIF Concussion RTP Protocol**).
- Comments:* _____

Physician (MD/DO) Signature: _____

Exam Date: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____

Date: _____

EL DORADO UNION HIGH SCHOOL DISTRICT

**Acknowledgement of Receipt and Understanding of Factsheet:
Prescription Opioids: What You Need to Know**

You are receiving this factsheet about Prescription Opioids because of California state law SB 1109 (effective January 1, 2019), now Education Code § 49476:

- 1. The District shall annually give the Opioid Factsheet published by the Centers for Disease Control and Prevention to each athlete and their parent or guardian.*
- 2. The athlete and the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet and return the document to the District.*
- 3. Before an athlete can begin practice or competition in a sport, the Opioid Factsheet must be signed and returned to the school by the athlete and their parent or guardian.*

To learn more about the risks of opioid abuse and overdose please visit the [CDC website](https://www.cdc.gov/drugoverdose) at <https://www.cdc.gov/drugoverdose>.

I acknowledge that I have received and read the CDC factsheet: Prescription Opioids: What You Need to Know.

Student Athlete Name
Printed

Student Athlete
Signature

Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date

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Voluntary Athletic Contribution Form

The El Dorado Union High School District believes that activities are important for our young people. We appreciate the support and assistance that parents/guardians and the community provide with their voluntary athletic contributions. With your support, we are able to continue to provide quality athletic opportunities for our student athletes. No student shall be required to raise or otherwise provide any amount of money to participate in an activity sponsored by a school-related organization, nor required to pay for any uniforms or equipment that are necessary to participate in athletic events or activities.

INSTRUCTIONS: Please complete and return this Voluntary Athletic Contribution Form to the school site Athletic Director or site athletic secretary. A separate form should be submitted for each individual athlete for each sport they will be participating in.

PLEASE PRINT LEGIBLY

STUDENT NAME:	DATE OF BIRTH:	
SCHOOL:	GRADE:	
PARENT/ GUARDIAN NAME:	HOME PHONE:	CELL PHONE:
MAILING ADDRESS:		
SPORT:		

<input type="checkbox"/> I wish to make a voluntary contribution of \$95.00 (payable to EDUHSD).		
<input type="checkbox"/> I wish to contribute \$		From a pre-existing (prior to 5/1/19) SCRIP Account
Name of student:		
<input type="checkbox"/> I do not wish to make a contribution at this time.		

I certify, by signing below, that all of the information above is true and correct.

Signed: _____

Date: _____

Parent / Guardian

(COMPLETED BY DISTRICT)

Receipt for Tax Purposes

The following Voluntary Athletic Contribution was received by El Dorado Union High School District, as described above:

NAME OF DONOR:			
AMOUNT OF DONATION: \$		DATE OF DONATION:	
TYPE OF DONATION:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check, #:	From a pre-existing (prior to 5/1/19) SCRIP Account

DISTRICT VERIFICATION:

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Signature

Print Name

Date

3290-1F 1/27/12, 4/29/19

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Fact Sheet for Parents & Student Athletes



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.
Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.
- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

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 known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✓ Family members with known structural heart abnormality, repaired or unrepaired
- ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

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

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.



CALL



PUSH



SHOCK

KeepTheirHeartInTheGame.org

Fact Sheet for Parents & Student Athletes



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

To learn more, go to KeepTheirHeartInTheGame.org

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your student athlete and have each person sign below.

Detach this section below and return to your school.

Keep the fact sheet to use at your students' games and practices to help protect them from Sudden Cardiac Arrest.

I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

STUDENT ATHLETE NAME PRINTED

STUDENT ATHLETE SIGNATURE

DATE

I have read this fact sheet on sudden cardiac arrest prevention with my student athlete and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED

PARENT OR LEGAL GUARDIAN SIGNATURE

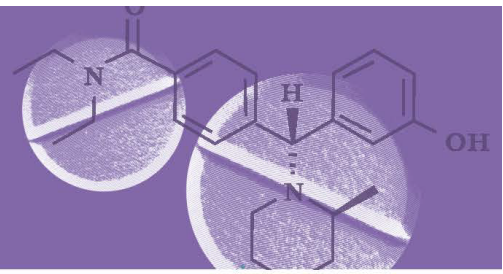
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While missing a game may be inconvenient, it would be a tragedy to lose a student athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!



PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



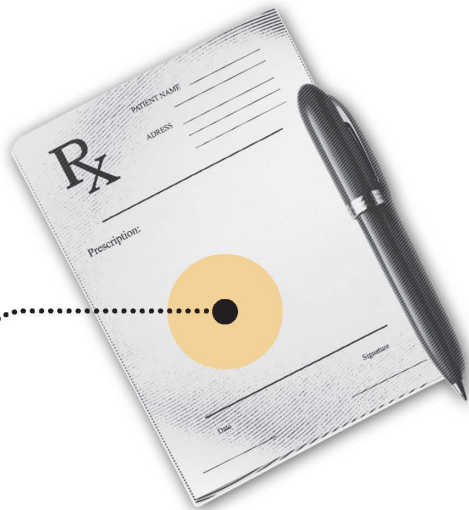
American Hospital
Association®

CS264107C May 9, 2016

KNOW YOUR OPTIONS

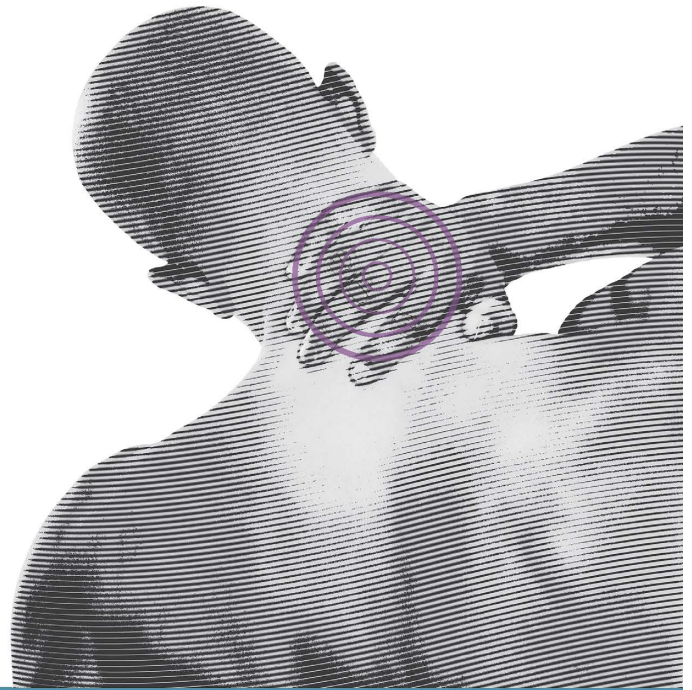
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within ___ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ❑ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html