

**CIF Transfer Paperwork**

Transfer paperwork given  
 (to/date) \_\_\_\_\_  
 Returned (date) \_\_\_\_\_  
 Sent to CIF (date) \_\_\_\_\_  
 CIF Approval \_\_\_\_\_

**CORONA-NORCO UNIFIED SCHOOL DISTRICT**



**CENTENNIAL**



**CORONA**



**NORCO**



**ROOSEVELT**



**SANTIAGO**

# ATHLETIC CLEARANCE

The following steps must be taken to secure athletic clearance and participation at any Corona-Norco Unified School District high school:

1. Complete and sign every part of this eight-page application. Please remember that to be academically eligible for participation in any sport the student must be passing in a minimum of four (4) classes, have a GPA of 2.0 or higher in the previous grading period, and have no more than one (1) unsatisfactory citizenship mark (U) in the previous grading period. Students new to the Corona-Norco Unified School District must provide a copy of their most recent report card.
2. Complete a physical examination. Under California Education Code, an athletic physical is valid for a period of 12 months from the date given.
3. Complete the Emergency Medical Information and Transportation Permit Card. New cards are required for each new season of sport.
4. Read and understand the Corona-Norco Unified School District Athletic Code.
5. All the above materials must be presented to the site Assistant Principal/Athletic Director and be on file in that person's office. No try-outs, practice, or participation of any kind may take place prior to receiving approval from the AP/Athletic Director. By CIF rule, information provided by the student or his/her parent which proves to be false may result in the loss of as much as 24 months of athletic eligibility.

**FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN DELAY OF APPROVAL TO PARTICIPATE.**

CHECK ACTIVITIES IN WHICH YOU PARTICIPATE (ONE SPORT PER SEASON)			
	<b>FALL</b>	<b>WINTER</b>	<b>SPRING</b>
<input type="checkbox"/> Performance Group (Pep Squad, Tall Flags, etc.)	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Boys' Basketball	<input type="checkbox"/> Boys' Baseball
<input type="checkbox"/> Band	<input type="checkbox"/> Football	<input type="checkbox"/> Girls' Basketball	<input type="checkbox"/> Boys' Golf
<input type="checkbox"/> Cheer	<input type="checkbox"/> Girls' Golf	<input type="checkbox"/> Boys' Soccer	<input type="checkbox"/> Boys' Lacrosse
<input type="checkbox"/> Color Guard	<input type="checkbox"/> Girls' Tennis	<input type="checkbox"/> Girls' Soccer	<input type="checkbox"/> Girls' Lacrosse
<input type="checkbox"/> Dance	<input type="checkbox"/> Girls' Volleyball	<input type="checkbox"/> Boys' Wrestling	<input type="checkbox"/> Girls' Softball
<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Boys' Water Polo	<input type="checkbox"/> Girls' Wrestling	<input type="checkbox"/> Swimming
		<input type="checkbox"/> Girls' Water Polo	<input type="checkbox"/> Boys' Tennis
			<input type="checkbox"/> Track
			<input type="checkbox"/> Boys' Volleyball

**ATHLETE'S REGISTRATION CARD & RESIDENTIAL ELIGIBILITY**

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date First Entered 9th Grade (Mo/Yr): \_\_\_\_\_

Verification of residential eligibility under CIF rules for students participating in sports in the Corona-Norco Unified School District is very important. To evaluate each student's status, the information requested must be completed **HONESTLY** and **ACCURATELY** by the student and parent/guardian. Any false information could cause a student to be classified as ineligible and/or cause the team to forfeit contests in which the student participates.

Have you attended any high school other than the one at which you are applying for eligibility?

If **Yes** (Complete Sections **A** and **B** below)

If **No** (Complete Section **B** only below)

**A** What school did you attend last year? (Include dates) \_\_\_\_\_ Name of high school \_\_\_\_\_

While attending the above school, my address was: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

While attending the above school, I lived with:  Both parents  Father  Mother  Relative (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

While attending my previous school, I participated on the following athletic teams (please identify each sport, level, and year of participation) \_\_\_\_\_

**B** Date of entry at this school (Month/Year) \_\_\_\_\_

While attending this school my home address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I am living with:  Both parents  Father  Mother  Step Father  Step Mother  Legal Guardian  Foster Parent

Relative (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

Is this the same Parent(s)/Guardian(s)/Other(s) with whom you lived while attending the previous high school in Section **A** above?

YES  NO  NOT APPLICABLE

**TO PARENT OR GUARDIAN:** You are requested to sign this participation form in order that the student concerned may engage in an extracurricular activity. Participation forms are not required in the case of curricular or regular school activities because of insurance provisions which are made by the Board of Education. Constitutional and statutory provisions deny the right of this Board to make similar provisions for extracurricular activities, hence the requirement for special participation approval.

The Board of Education deems many of the extracurricular activities to be worthy for students but does not require them of students. These activities are voluntary on the part of students and a signed participation form is necessary before participation. No penalty other than non-participation will be assessed if the participation form is not signed.

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

In addition to the above, the Corona-Norco Unified School District Athletic Code has been read by the student and ourselves. We agree to follow the rules therein. If we have any questions or need further explanation, we will contact the Assistant Principal/Athletic Director: Centennial High: 739-5692 / Corona High: 736-3383 / Norco High: 736-3283 / Roosevelt High: 738-2109 / Santiago High: 739-5612. Our signatures below verify we have read and understand the CNUSD Athletic Code.

The above information is true and accurate to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CIF State**

4658 Duckhorn Drive  
Sacramento, CA 95834  
916.239.4477

## ANDROGENIC/ANABOLIC STEROIDS PROHIBITION STATEMENT

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200.D, there could be penalties or false or fraudulent information. We also understand that the Corona-Norco Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

**CIF Southern Section**  
Academics \* Integrity \* Athletics

10932 Pine Street  
Los Alamitos, CA 90720  
562.493.9500

## ATHLETE'S CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescription drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

Our signatures attest to our understanding and agreement to both State and Southern Section provisions.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

A copy of this form must be kept on file in the Athletic Director's Office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section Office.

## A FACT SHEET FOR PARENTS/GUARDIANS

### WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body
  - from contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

### CIF Bylaw 313. Play It Safer

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time or for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and **receives written clearance** to return to play from that health care provider.

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms may include:

- Amnesia
- Confusion
- Headache
- Loss of consciousness
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Nausea (feeling that you might vomit)
- Don't feel right
- Feeling sluggish, foggy or groggy
- Feeling unusually irritable
- Concentration or memory problems (forgetting game plays, facts, meeting time)
- Slowed reaction time

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

### WHAT CAN HAPPEN IF MY CHILD KEEPS ON PLAYING WITH A CONCUSSION OR RETURNS TOO SOON?

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

### WHAT YOU SHOULD DO IF YOU THINK YOUR CHILD HAS SUFFERED A CONCUSSION?

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, **without written medical clearance**. Close observation of the athlete should continue for several hours. The new "CIF Bylaw 313" now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that help ensure and protect the health of student-athletes.

**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.  
WHEN IN DOUBT, GET CHECKED OUT.**

## CNUSD Concussion Management Protocol

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for CNUSD student athletes suspected of sustaining a concussion. A **concussion** occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions do not result in loss of consciousness and, therefore, all suspected head injuries must be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

An athlete suspected of sustaining a concussion will be evaluated by the team's athletic trainer using the CNUSD concussion report. In the case of an Athletic trainer not present, the coach will use the CNUSD concussion report. The presence of symptoms will dictate that the student-athlete is to be evaluated by a Doctor (MD or DO).

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time or the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and who receives written clearance to return to play from that health care provider. CIF Bylaw 313.

## CORONA-NORCO UNIFIED SCHOOL DISTRICT

### Student-Athlete Concussion Statement - *(to be completed by the student)*

- I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.
- I have read and understand the *CIF/CDC Concussion Fact Sheet*.

After reading the CIF/CDC Concussion fact sheet, I am aware of the following information:

	A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.
<b>Student Initial</b>	
	A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep and classroom performance.
<b>Student Initial</b>	
	You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
<b>Student Initial</b>	
	If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
<b>Student Initial</b>	
	I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
<b>Student Initial</b>	
	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve themselves.
<b>Student Initial</b>	
	In rare cases, repeat concussions can cause permanent brain damage and even death.
<b>Student Initial</b>	

\_\_\_\_\_  
**Signature of Student-Athlete**                      **Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**                      **Date**

\_\_\_\_\_  
**Printed name of Student-Athlete**

\_\_\_\_\_  
**Printed name of Parent/Guardian**

# 6 PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

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

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

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has your doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? ( For example, ECG, EKG, echo-cardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiopulmonary, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family has unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever has a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, or feel warm, or look red?		
25. Do you have any history of juvenile arthritis or conjunctive tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**WARNING AGREEMENT TO OBEY INSTRUCTIONS, RELEASE,  
ASSUMPTION OR RISK, AND HOLD HARMLESS**

- A. I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.
- B. Because of the dangers of participating in the above sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to obey such instructions.
- C. In consideration of the Corona-Norco Unified School District permitting me to try out for sports at Centennial/Corona/Norco/Roosevelt/Santiago High School and to engage in all activities related to the team, including, but not limited to, trying out, practice or playing/participating in that sport, I hereby assume all risks associated with participating and agree to hold the Corona-Norco Unified School District, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Centennial/Corona/Norco/Roosevelt/Santiago High School team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.
- D. I especially acknowledge that baseball, football, and wrestling are more dangerous sports involving even greater risk of injury than other sports.

**BOTH THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN. IF THERE ARE ANY DOUBTS, QUESTIONS, OR UNCERTAINTIES, CONTACT THE ATHLETIC DIRECTOR AT THE HIGH SCHOOL.**

Either **Box A** or **Box B** must be checked.

A check in **Box A** means that the student has health insurance coverage as provided by the parent/guardian.

A check in **Box B** indicates that the parent/guardian has purchased Myers-Stevens athletic insurance. See the AP/Athletic Director for the correct form. **If box B is checked, please put "Myers-Stevens" as the Company Name and add your Myers-Stevens Policy Number.**

**INTERSCHOLASTIC ATHLETIC INSURANCE COVERAGE CERTIFICATION**

Before your son/daughter is eligible to participate in interscholastic athletics, insurance coverage according to the Education Code Section 32221(b) must be obtained by you for the student who expects to participate. Please read carefully the following affidavit, and if you presently have the required insurance coverage for your student, sign this affidavit. Check which insurance option you choose:

**A.**  I, \_\_\_\_\_ do hereby declare that \_\_\_\_\_  
Print name of parent/guardian Name of student  
Is insured in accordance with Education Code, Sections 32220 - 32224 through:  
COMPANY name (Medical Policy): \_\_\_\_\_ Policy #: \_\_\_\_\_

**B.**  **If box B is checked, please put "Myers-Stevens" as the Company Name and add your Myers-Stevens Policy Number.**  
I am purchasing athletic insurance. Make payment in accordance with insurance pamphlet and bring to athletic office with athletic papers for clearance.  
 ALL SPORTS (Other than Football)  FOOTBALL ONLY

I further understand that the aforesaid law requires that the above coverage apply to members of athletic teams and non competitors who perform duties in connection with inter-school athletic events while such persons are engaged in or preparing for an athletic event promoted under the sponsorship or the arrangement of the school district or student body association, and/or while such persons are being transported by or under the sponsorship of the school district or student body association to or from school or other place of instruction and the place of the athletic event.

I declare that I will maintain this insurance or notify in writing the athletic director of cancellation.

My signature upon this affidavit signifies that I, the parent/guardian of the athlete, will assume the cost of ambulance service in case of emergency. I understand the school does not pay for ambulance service.

**I/We verify that the above information is correct and I give permission for my child to receive a physical examination.**

\_\_\_\_\_  
Date Parent/Guardian signature Date Student Signature

# 8 PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt or use a helmet?
- Consider reviewing questions on cardiovascular symptoms.

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echo-cardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction  
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not Cleared  
 Pending further evaluation  
 For any sports  
 For certain sports \_\_\_\_\_  
 Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

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

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO



**CORONA-NORCO UNIFIED SCHOOL DISTRICT  
AUTHORIZATION FOR EMERGENCY MEDICAL CARE (WAIVER)**

For Office Use Only

**Student #:** \_\_\_\_\_ *Use ballpoint pen. Press hard so last copy is clear. Please Print Clearly*

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be easily reached.

1. **STUDENT NAME:** (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_
2. **FATHER'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_  
**EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_
3. **MOTHER'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_  
**EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_
4. **Name of person, other than parent or guardian, who is authorized to approve emergency medical treatment:**  
\_\_\_\_\_ **PHONE:** \_\_\_\_\_
5. **FAMILY DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**HEALTH INSURANCE CO.:** \_\_\_\_\_ **POLICY I.D.#:** \_\_\_\_\_

In the event reasonable attempts to contact me/us at the above locations, or other person(s) named in item 4 above fail, full authorization is given for (1) the administration of any treatment deemed to be necessary by a medical practitioner; and (2) the transfer of son/daughter or ward to any medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and given to provide Authority and Power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

**Allergies:** \_\_\_\_\_ **Allergies to specific medication(s):** \_\_\_\_\_

**Any previous significant medical problems:** \_\_\_\_\_

**Sickle Cell Trait/Disease:** Yes No **Asthma:** Yes No

**ATHLETIC TRANSPORTATION PERMIT**

**Dear Parent/Guardian:**

Your consent is required to permit your child to be transported for athletic activities. No student will be permitted to participate in athletic activities off campus without a signed permission slip.

\_\_\_\_\_ **I DO permit my child to be transported by the Corona-Norco Unified School District or District approved charter bus service.**

I hereby grant permission for the District to allow emergency medical treatment if required and accept liability for such treatment.

**As stated in California Education Code Section 35330, I understand that I hold the Corona-Norco Unified School District its officers, agents and employees harmless from any and all liability and claims, which may arise out of or in connection with**

<b>Parent/Guardian Signature</b> _____	<b>Date</b> _____
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*Athletic Office Use Only*

**CNUSD Athletic Clearance Date:** \_\_\_\_\_ **Season:** Fall Winter Spring **Level:** V JV F **Sport:** \_\_\_\_\_

**Physical Exam** \_\_\_\_\_ **Personal Insurance** \_\_\_\_\_ **Myers Stevens:** All Both Foot-  
ball

# Form to carry

## An INHALER

### CORONA-NORCO UNIFIED SCHOOL DISTRICT AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Name    D.O.B.    Grade/Teacher    Student #

**EDUCATION CODE AUTHORIZATION  
EDUCATION CODE 49423**

Any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated personnel if the school district receives (1) a written statement from such physician detailing the method, amount and time schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

I agree to hold Corona-Norco Unified School District, its officers or employees harmless from all liability or claims that might arise out of these arrangements. I understand that the physician will be contacted as needed for any necessary clarification.

\_\_\_\_\_  
Parent/Guardian Signature                          Home Phone#                          Cell Phone#                          Date

\*\*\*\*\*

**PHYSICIAN AUTHORIZATION  
(All blanks must be completed by physician)**

<b>Name of Medicine(s):</b>	<b>Health Condition for which medicine Rx:</b>	
_____	_____	
<b>Time(s) to be taken:</b>	<b>Dosage (mg.):</b>	
_____	_____	
<b>Method of administration:</b>	<b>Precaution - Possible reactions:</b>	
_____	_____	
<b>Date to be discontinued:</b>	<b>Physician's Telephone Number:</b>	
_____	_____	
<b>Name of Physician (Please print):</b>	<b>Physician's Signature:</b>	<b>Date:</b>
_____	_____	_____

Please return this form to your child's school office signed by the physician and parent/guardian. **NO MEDICATION (RX OR OVER-THE-COUNTER) WILL BE ADMINISTERED WITHOUT THESE REQUIRED SIGNATURES. PLEASE SEE RESPONSIBILITIES ON REVERSE SIDE.**

If this emergency medication is to be carried and self-administered by the student, both the physician and the parent must agree, check and initial here:

<u>  </u> Yes	Physician	/	Parent/Guardian
<u>  </u> No	Physician	/	Parent/Guardian

School Nurse has final approval for self-administering and/or carrying medication by student at school.  
Per California Education code Sections 49423 and 49423.1, Students can carry only auto-injectable epinephrine or inhaled asthma rescue medication as emergency medications.