

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR**

Student _____ School/Class or Sport _____

In the event reasonable attempts to contact me/us (parents/guardians) are unsuccessful, or until a parent/guardian can directly respond the treatment facility or physician, I, the undersigned parent/guardian, grant full authorization for (1) the administration of any medical treatment deemed to be necessary by a medical physician or dentist; and (2) the transfer of my child to any medical physician or dentist for diagnosis or treatment; and (3) the transfer of my child to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance for any specific diagnosis, treatment, or hospital care required but is given to provide authority and power on the part of school authorities and medical/dental providers to give reasonable care. I also hereby agree to release and hold harmless and medical or dental provider from any and all liability except for liability arising from the sole negligence of the medical provider administering emergency medical treatment authorized by this document.

Date _____ This Authorization is effective until _____

Student's Address _____

Home Phone _____ Business/other Phone(s) _____

Student's Primary Physician _____ Phone _____

Medical Condition(s)/Needs of Student/Allergies _____

Health Insurance and Policy/Group Number _____

Parent/Guardian Signature _____

STUDENT NAME _____

Last

First

Birthdate

Age

Grade 2017-18

PLEASE SIGN IN ALL INDICATED PLACES—FAILURE TO DO SO WILL RESULT IN AN UNNECESSARY DELAY OF PARTICIPATION

LOS OSOS MIDDLE SCHOOL
ATHLETIC CONTRACT

The philosophy and standards of the Los Osos Middle School Athletic Program requires that athletes keep themselves physically, morally, and mentally prepared. The following codes have been developed to serve as a guide for student athletes and to assist them in making the commitment necessary for personal success as it contributes to the total athletic program.

I. GROUNDS FOR SUSPENSION OR DISMISSAL

- A. Athletes who possess, use, sell or otherwise furnish or are found to be under the influence of alcoholic beverages, drugs, or anabolic steroids will result in a minimum thirty (30) calendar day suspension from all athletic team participation.
 - 1. For any violation which occurs at a school event, the penalty shall be a (30) day suspension from all school extra-curricular events, including games. An intervention requirement must be fulfilled prior to game participation.
 - 2. For any violation that occurs in a non-school related situation, the penalty shall be an immediate suspension from 10% of the number of games in the regular season. An intervention requirement must be fulfilled prior to game participation.
 - 3. If a second violation occurs during the season, the athlete will be dropped from the team and he/she will not be eligible for a block letter award or other honors in that sport that season.
- B. At a school related or non-school related situation, possession or use of tobacco shall result in immediate suspension from 10% of the number of games scheduled in the regular season. A second occurrence will result in the athlete being dropped from the team.
- C. Vandalism of any type or form of school property will result in a thirty (30) day calendar suspension from all games.
- D. If a student quits a seasonal sport after the second scheduled event of the sport, he/she is ineligible to participate in any other sport for the duration of the sport which the student has quit.
- E. If a coach drops a player for disciplinary reasons, the student will not be eligible to participate in another sport during the season of sport in which the student was dismissed.
- F. Participation in extra-curricular athletics is a privilege. The coach has the authority to revoke that privilege when the athlete does not comply with team and/or school rules.

II. STUDENT/ PARENT ACKNOWLEDGMENT

I, as student, have read and understand the athletic standards found in the LOMS Student/Parent Handbook and understand all rules and regulations set forth in the athletic contract.

I, as parent/guardian, have read and understand the above codes and realize that my son/daughter will be subject suspension or dismissal from the athletic program upon any of the above listed violations. I have also read and understand the athletic standards found in LOMS Student/Parent Handbook.

Date	Student Signature	Date	Parent/Guardian Signature
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LOS OSOS MIDDLE SCHOOL
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 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 and 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-prescriptive 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 the 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.*

As a condition of membership in 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 (CIF Blue Book Constitution and By-Laws: Article 523).

By signing below, both the participating student-athlete and the parents or 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 recognize that under CIF By-Law 202, there could be penalties for fraudulent information. We also understand that the San Luis Coastal Unified School District and the Los Osos Middle School policy regarding the use of illegal drugs will be enforced for any violation of these rules.

Date	Student Signature	Date	Parent/Guardian Signature
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LOS OSOS MIDDLE SCHOOL INTERSCHOLASTIC SPORTS PERSONAL INFORMATION

PLEASE PRINT:

STUDENT'S NAME: _____ BIRTHDATE _____ AGE _____ GRADE 2017-18 _____
LAST FIRST

HOME ADDRESS _____ HOME PHONE: _____

PARENT/GUARDIAN NAME _____ WORK PHONE: _____

FAMILY PHYSICIAN _____ PHONE: _____

SPORT(S) _____

I. PARENTAL CONSENT

I hereby give my consent for the above named student to participate in the athletic programs of San Luis Coastal Unified School District, to go with a representative of the school on any athletic trip, and to have him/her treated in case he/she is injured. I understand that a physical examination must be done by a qualified physician before my son/daughter takes part in interscholastic sports, and that a physical examination, along with this medical history will become part of his/her continuing medical record for the current school year. *The examination is a parental responsibility.*

Date Parent/Guardian Signature

II. PARENT/GUARDIAN APPROVAL FOR STUDENT PARTICIPATION IN FIELD TRIP

_____ has my permission to participate in athletic field trips sponsored by the San Luis Coastal Unified School District, including side trips connected therewith. It is my understanding that the field trips are made pursuant to the provisions of Education Code §35330 and §35350 and that such sections provide that all persons making the field trip shall be deemed to have waived all claims against the San Luis Coastal Unified School District, the San Luis Obispo County Superintendent of Schools or the State of California for injury, illness or death occurring during or by reason of these field trips. It is my further understanding that pupils will be under school supervision during these trips and transportation is being furnished by or as authorized by the San Luis Coastal Unified School District, including transportation by private vehicle and volunteer driver.

Date Parent/Guardian Signature

Los Osos Middle School Athletic Code of Conduct

As an athlete, you are asked to read and agree to the following guidelines.

1. I will always be on time and prepared for practice and games or meets.
2. As a member of the team, I will be courteous, respectful, and practice good sportsmanship to teammates, opponents, teachers/coaches, and officials.
3. I understand that it is a privilege to represent Los Osos Middle School and proper behavior is required in class, practice, and athletic contests. Boys will wear a colored shirt and tie and girls will wear a skirt, dress, or slacks on game days.
4. I will use appropriate language at all times.
5. I understand that good sportsmanship is a must. Criticizing, blaming or disputing with my teammates, coaches, opponents, or referees will not be tolerated.
6. I will be respectful of other schools' staff members and facilities; this is proper behavior as a representative of Los Osos Middle School.
7. I will be alcohol, drug, and tobacco free. These violations will result in immediate dismissal.
8. I understand that commitment to practice and games is required. Athletes should communicate any scheduling conflicts with the coaches.
9. I understand that all team members are required to support their team(s) for the entire contest(s).
10. I understand that I will not be allowed to participate in a game or practice unless I attend 50% of my classes.

*Violation of statements 1-9 will be handled in following manner:

First violation = warning and conference with coach

Second violation = conference with athlete/parent/coach/principal

Third violation = review with the principal

Being an athlete requires more than being a team member. It often causes demands that may require personal sacrifices. Being a team member is a privilege. If an individual athlete is willing to put the needed effort into athletics, he/she will be rewarded for those efforts.

It is a goal of Los Osos Middle School to have an excellent community, school and athletic programs of which we can be proud. Consequently, violation of the school rules is not acceptable. The following actions will be taken when the athlete receives any of the following:

One detention or referral (Per Season)

1. Warning and conference with coach.
2. Player will work with the coach on a restorative action plan.

Two or more detentions/referrals (Per Season)

1. No practice and no games for that week.
2. Conference with athlete/parents/coach.
3. Review with athlete/parents/principal/coach for possible removal from the team.

In-School/ Out of School Suspension (Per Season)

1. No practice or no games for that week.
2. Review with athlete/ parents/principal/coach for possible removal from the team.

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Please sign.

We have read and understand the Los Osos Middle School Athletic Code of Conduct.

Student/Athlete Name _____ (Please print)

Student/Athlete Signature _____

Parent/Guardian Signature _____

Sport _____ Date _____

(LOS OSOS MIDDLE SCHOOL)

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

<ul style="list-style-type: none">● Headaches● “Pressure in head”● Nausea or vomiting● Neck pain● Balance problems or dizziness● Blurred, double, or fuzzy vision● Sensitivity to light or noise● Feeling sluggish or slowed down● Feeling foggy or groggy● Drowsiness● Change in sleep patterns	<ul style="list-style-type: none">● Amnesia● “Don’t feel right”● Fatigue or low energy● Sadness● Nervousness or anxiety● Irritability● More emotional● Confusion● Concentration or memory problems (forgetting game plays)● Repeating the same question/comment
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">● Appears dazed● Vacant facial expression● Confused about assignment● Forgets plays● Is unsure of game, score, or opponent● Moves clumsily or displays incoordination● Answers questions slowly● Slurred speech● Shows behavior or personality changes● Can’t recall events prior to hit● Can’t recall events after hit● Seizures or convulsions● Any change in typical behavior or personality● Loses consciousness

(LOS OSOS MIDDLE SCHOOL)

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

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

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed	Student-athlete Signature	Date
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Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date
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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 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 answers 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 a 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, echocardiogram)		
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 cardiomyopathy, 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 had 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 had 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, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective 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 a 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		
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 _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____, _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.
 +Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO