



## RESCUE UNION SCHOOL DISTRICT **AGREEMENT FOR ACTIVITY PARTICIPATION**

(INCLUDING WAIVERS AND RELEASES OF POTENTIAL CLAIMS, AND STATEMENT OF OTHER OBLIGATIONS)

**All sections of this Agreement must be completed, with the signed original delivered to the School Office, before a Student will be allowed to participate in any manner in the Activity defined below**  
**A separate Agreement is required for each Activity in which the Student may participate.**

Name of Student	Address:
Grade:	DOB:
School:	Telephone:
Activity/Club/Class/Program:	

In Consideration for the Student's ability to participate in a Student Activity, Student Club, and/or a Special Class or Program (including after-school programs or classes involving special risks of harm or injury) listed above (the "Activity"), including any try out or process used to select members to join or participate in the listed Activity, or attendance or participation in any Activity meeting, class, competition, show, event, or presentation, including travel to and from any meeting, class, competition, show, event, or presentation ("Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

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

2. The Student and Adult understand the nature of the Activity, and its associated Activities, and the Student voluntarily wishes to participate in the Activities. The Adult consents to the Students involvement in the Activities.

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

4. Participation in Activities might result in injuries, potentially including serious or life threatening injuries or death. Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in Activities, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Activities. All such risks are deemed to be inherent to the Student's participation in Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member and further understand that transportation to or activities at another location are "field trips" or "excursions" for which there is complete immunity pursuant to Education Code § 35330..

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Activities might present a risk of Injury, the Student will immediately discontinue further participation in Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

AGREEMENT FOR ACTIVITY PARTICIPATION

Original to be held on file in the Main Office for a period of one (1) year after the date the Team Participation Ends

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6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Activities. If an injury or medical emergency occurs during Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

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

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

**BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Printed Name of Student**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## RESCUE UNION SCHOOL DISTRICT **AGREEMENT FOR TEAM PARTICIPATION**

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

**All sections of this Agreement must be completed, with the signed original delivered to the School Office, before a Student will be allowed to participate in any manner in the Team Activities defined below. A separate Agreement is required for each Team in which the Student may participate.**

Name of Student	Address:
Grade:	DOB:
School:	Telephone:
Team:	

In Consideration for the Student's ability to participate in the Team [including any Sport, Cheerleading, Dance, or Marching Band], including try outs for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team events, shows, performances, and competitions, and traveling to and from any of the foregoing activities ("Team Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

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

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.

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

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

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of Injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

## RESCUE UNION SCHOOL DISTRICT

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

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

a. Provide your own private medical and hospital expense insurance coverage. If this option is selected, please provide \_\_\_\_\_ (Name of Insurance Company), \_\_\_\_\_ (Policy number), \_\_\_\_\_ (list coverage dates or "continuous"). Under this option, by signing below, the Adult is certifying that the Student is presently covered under the listed Policy, the Student will remain covered under the Policy during the length of the Team season, and the provided insurance coverage complies with Section 32221.

b. Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program]. If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District]. If the waiver is submitted, it remains the obligation of the Student and Adult to ensure that such coverage is actually purchased; with the District assuming no liability or obligation arising from any actual or alleged failure timely to assist or obtain such coverage for the Student.

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

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

**BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **STUDENT FIELD TRIP AUTHORIZATION AND RELEASE**

No student will be permitted on the field trip unless this completed and signed Authorization and Release Agreement is submitted to the supervising teacher, sponsor, or school office at least 48 hours prior to the field trip. **Verbal authorizations, or authorizations not on this form, cannot be accepted.**

### **TO BE COMPLETED BY SCHOOL PERSONNEL**

Field Trip Destination:	Date of Trip:
Expected Departure Time:	Expected Return Time:
Method of Transportation:	Supervising Teachers/Sponsors:

### **TO BE COMPLETED BY PARENT/GUARDIAN**

Student Name:	Address:
Grade:	DOB:
School:	Parent Telephone:
Emergency Contact & Telephone No.:	
Medical Conditions/Medications:	

**Please read this Agreement carefully and sign below. Completion of this Agreement is a prerequisite to participation in the activity described above (hereinafter referred to as "field trip").**

By signing below, I acknowledge and agree as follows:

- I understand and acknowledge that the student named above has voluntarily chosen to participate in the field trip at his/her own risk. I know and fully understand that the field trip may involve numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, and where participants can sustain physical injuries, damage to their property, or even die. Regardless of whether the field trip involves physical contact, any field trip related activity may have inherent risks of injury which are inseparable from the activity. I authorize the student's participation and acknowledge and willingly assume all risks and hazards of potential injury, paralysis, and death arising from the field trip.
- I, understand and acknowledge that field trips contain potential risks of harm or injury. Injuries may arise from the student's actions or inactions, the actions or inactions of another student or participant, or the actual or alleged failure by school employees, agents, or volunteers to adequately coach, train, instruct, or supervise. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential injuries. All such risks are deemed to be inherent to the student's participation in the field trip.
- I acknowledge that under California law the student will have no claims against the district, charter school or state arising from the field trip pursuant to Education Code § 35330, which states in subd. (d): *"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."*

- In consideration for the district or charter school allowing the above-named student to participate in the field trip, I voluntarily agree to release, waive, discharge, and hold harmless the district or charter school, 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 above-named student illness, injury, death, or damages of any nature in any way connected with the student's participation in the field trip.

- Emergency medical information regarding the student is on file with the district or charter school and is current. If an injury or medical emergency occurs during the field trip, a supervising teacher, sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. I agree to release and discharge the district (or charter school), 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.

- The supervising teacher or sponsor will discuss school-related activity rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

- I am the parent or guardian of the student named above, or am the student named above and am 18 years of age or older. I acknowledge that I have read this authorization and release and understand that participation in the field trip requires giving up substantial actual or potential rights. I have voluntarily signed this authorization and release without inducement or assurance beyond what is stated herein, and with full appreciation of the risks inherent in the field trip.

Printed Name:
Signature:
Date:

Date Received by School: \_\_\_\_\_

Received by: \_\_\_\_\_



## Rescue Union School District - SPORTS PHYSICAL EXAMINATION FORM

PART 1 (TO BE COMPLETED BY STUDENT AND PARENT(S OR GUARDIAN))							
LAST NAME		FIRST NAME			GRADE		
BIRTHDATE	FALL SPORT	WINTER SPORT	SPRING SPORT	STUDENT ID NUMBER			
<b>HEALTH HISTORY (Must be completed prior to the examination)</b>							
	<b>Yes</b>	<b>No</b>	<b>Has this student had any:</b>	<b>Yes</b>	<b>No</b>	<b>Does this student:</b>	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?	16.	<input type="checkbox"/>	<input type="checkbox"/>	Wear eyeglasses or contact lenses?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?	17.	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces or plates?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations or Surgery?	18.	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? (List below):
4.	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, psychiatric, or neurologic condition?		<b>Yes</b>	<b>No</b>	<b>Is there any history of:</b>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?	19.	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring medical care or treatment?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?	20.	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back pain or injury?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?	21.	<input type="checkbox"/>	<input type="checkbox"/>	Knee pain or injury?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or severe shortness of breath with exercise?	22.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow pain or injury?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?	23.	<input type="checkbox"/>	<input type="checkbox"/>	Ankle pain or injury?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?	24.	<input type="checkbox"/>	<input type="checkbox"/>	Other joint pain or injury?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Concussion or loss of consciousness?	25.	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?
12.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems with heat?		<b>Yes</b>	<b>No</b>	<b>Further history:</b>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Racing heart, skipped, irregular heartbeats, or heart murmur?	26.	<input type="checkbox"/>	<input type="checkbox"/>	Birth defects (corrected or not)?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures?	27.	<input type="checkbox"/>	<input type="checkbox"/>	Death of parent or grandparent less than 40 years of age due to medical cause or condition?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Severe or repeated instances of muscle cramps?	28.	<input type="checkbox"/>	<input type="checkbox"/>	Parent or grandparent requiring treatment for heart condition less than 50 years of age
Date of last known tetanus (lockjaw) shot: _____			29.	<input type="checkbox"/>	<input type="checkbox"/>	Been seen by a physician on an emergency or urgent basis in the last 12-months?	
Date of last complete physical examination: _____							
<u>Explain all "YES" answers here along with any other fact or circumstance that should be disclosed to the examining physician (use reverse of form if needed):</u>							
<b>PARENT/GUARDIAN'S AUTHORIZATION:</b> I authorize a physician to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate and I know of no reason why the student cannot fully and safely participate in the listed sports. I understand that this is solely a screening examination and that the absence of any health conditions or concerns listed below does not mean that student is free from actual or potential harmful health conditions that may cause the student injury or death while participating in sports. Any question or concern I may have regarding the student's health or safety will be referred to our personal physician for review and evaluation.							
PRINT NAME OF PARENT OR GUARDIAN			SIGNATURE OF PARENT OR GUARDIAN				
ADDRESS			WORK PHONE	HOME PHONE	DATE		
REGULAR PHYSICIAN'S NAME		OFFICE PHONE					
<b>PART 11 (TO BE COMPLETED BY THE EXAMINING PHYSICIAN)</b>							
	NORMAL	ABNORMAL (Describe)					
Eyes/Ears/Nose/Throat				Height:			
Skin				Weight:			
Heart				Pulse: After Ex:			
Abdomen				BP:			
Genital/hernia (males)				<b>Recommendation:</b>			
Musculoskeletal:				<input type="checkbox"/> Unlimited participation			
a. Neck/Spine/Shoulders/Back				<input type="checkbox"/> Limited participation/specific sports, events or activities			
b. Arms/Hands/Fingers				<input type="checkbox"/> Clearance withheld pending further testing/evaluation			
c. Hips/Thighs/Knees/Legs				<input type="checkbox"/> No athletic participation			
d. Feet/Ankles				<b>One of the above <i>MUST</i> be checked.</b>			
Neurologic Screening Exam (NSE)							
<b>Comments:</b>							
PRINT NAME OF PHYSICIAN (M.D. Only)			PHYSICIAN'S SIGNATURE			DATE	





# **RESCUE UNION SCHOOL DISTRICT**

## **STUDENT ALTERNATE TRANSPORTATION FORM**

Students participating in off-campus District-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences ("Events"), are required to travel on school buses or by other District-designated methods of transportation. Under special circumstances, with the District's prior written approval, Students may be transported to and from Events (a) by a parent/guardian or other designated adult, or (2) by himself/herself. Under no circumstances may Students be transported in a vehicle driven by another student or anyone under 21 years of age.

Before the District grants a request for alternate transportation, this Student Alternate Transportation Form must be submitted to the School Office after it has been signed by the Student, the Student's parent/ legal guardian, and the District employee supervising the Event. Before the Student Alternate Transportation Form will be accepted and approved by the School Office, the individual who will transport the Student must also complete and file with the School Office an acceptable (a) Personal Automobile Use Form (for parents/ guardians/designated adults) or (b) Student Personal Automobile Use Form (if the Student intends to drive himself/herself to Events).

If the required Forms are not submitted to and accepted by the School Office 48-hours before an Event, the Student must be transported to and from the Event through normal District-sponsored methods. A Student not complying with these provisions will not be allowed to attend or participate in the Event.

Name of Student:	
Event(s): Each approved Event or series of Events must be listed:	
Date(s):	
Reason for Request:	
Name of Designated Driver(s): Student and/or Designated Adult(s)	

I/we agree that the designated drivers and vehicles to be used are not covered under the District's automobile liability coverage. The Student, his/her parent(s)/guardian(s), and/or the driver of the vehicle are solely responsible for damage or injury to others. I/we also agree that the Student and anyone else in the vehicle assume their own risk of harm, injury or death arising from this choice for alternate transportation. The Student, his/her parent(s)/legal guardian(s), and/or the vehicle driver further agree to hold the District and its officers, employees and volunteers free from any liability arising from this alternate transportation, agreeing also to defend and indemnify them against any resulting claim.

_____ <b>Printed Name of Student</b>	_____ <b>Signature</b>	_____ <b>Date</b>
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_____ <b>Printed Name of Parent/Guardian</b>	_____ <b>Signature</b>	_____ <b>Date</b>
---	---------------------------	----------------------

_____ <b>Printed Name of Supervising Employee</b>	_____ <b>Signature</b>	_____ <b>Date</b>
--	---------------------------	----------------------

<b>Date Received by School</b>	<b>Received/Approved by:</b>
--------------------------------	------------------------------





**RESCUE UNION SCHOOL DISTRICT**  
**VOLUNTEER PERSONAL AUTOMOBILE USE FORM**  
**[One Form Required for Each Driver to be Approved]**

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

**REQUIRED INFORMATION**

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

**We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page.** Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, **please also be advised**, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

**VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS**

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the Vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Date Received by District:**

**Received by:**

**CARDIAC  
HEALTH PLAN**



Insert  
Student  
Photo

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

School Site/Teacher: \_\_\_\_\_

Cardiac Diagnosis: \_\_\_\_\_

Implanted Device: ☐ N/A, ☐ ICD, ☐ Pacemaker or ☐ Other: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Mother/Father/Other: \_\_\_\_\_ Contact #: \_\_\_\_\_

Mother/Father/Other: \_\_\_\_\_ Contact #: \_\_\_\_\_

Mother/Father/Other: \_\_\_\_\_ Contact #: \_\_\_\_\_

**ACTIONS TO BE TAKEN AT SCHOOL**

➤ **Any Chest Pain:**

- ☒ Remove From Physical Activity, ☐ Rest, ☐ Student escorted to Health Office, ☐ Call Parent,  
☐ Call 911 to start EMS, ☐ Apply AED if even student to Alert/Awake,

➤ **Student Feels Unwell:**

- ☒ Remove From Physical Activity, ☐ Rest, ☐ Student escorted to Health Office, ☐ Call Parent,  
☐ Call 911 to start EMS, ☐ Apply AED if even student to Alert/Awake

➤ **Student has any change in level of consciousness or has syncopal episode (passes out):**

- ☒ Call 911 to start EMS, ☒ Apply AED, ☒ Initiate CPR if indicated, ☒ Call parent/guardian

➤ **Other Actions:** \_\_\_\_\_

Parent/Guardian (name/signature): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Health Office (name/signature): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by District RN (name/signature): \_\_\_\_\_ Date: \_\_\_\_\_

# RECOGNIZE & RESPOND TO SUDDEN CARDIAC ARREST

Person is collapsed  
and unresponsive  
to your voice

They may be  
gasping for air or  
unable to breathe

They may shake or  
have seizure-like  
movements

**Their heart has stopped!**

.....What do you quickly do?.....

## CALL•PUSH•SHOCK™



**Call 911**

to get help  
on the way;  
dispatcher can  
guide you



**Start CPR**

immediately by  
pushing hard & fast  
on the center  
of the chest



**Use an AED**

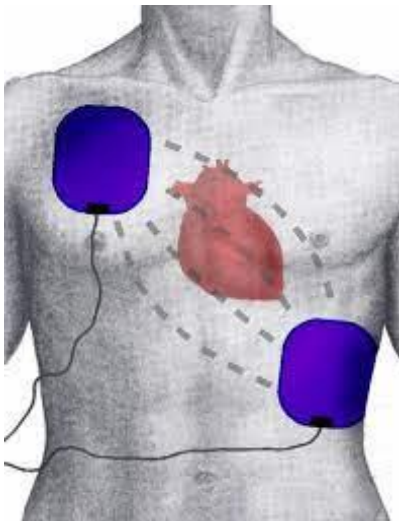
follow  
prompts  
to restart  
the heart

.....**YOU Can Save A Life!**.....

*ParentHeartWatch.org*

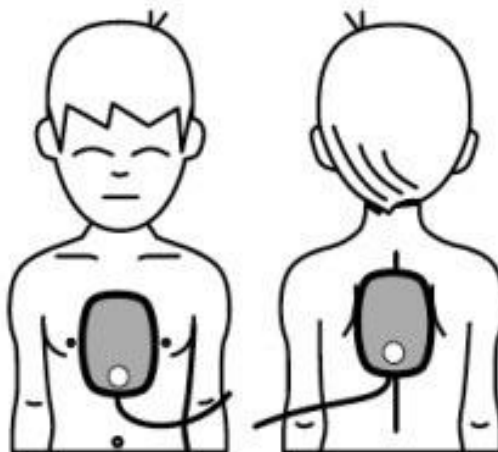
## HOW TO USE AN AED: TURN IT ON & LISTEN TO THE INSTRUCTIONS

### ADULT PAD PLACEMENT:



### PEDIATRIC PAD PLACEMENT:

IF PADS ARE TOO LARGE TO FIT BOTH ON CHEST:  
FRONT-TO-BACK "Sandwich" PLACEMENT



TO LEARN MORE: SCAN  
THIS QR CODE FROM THE  
AMERICAN HEART ASSOC





## Parent/Student CIF Heat Illness Information Sheet



### **WHY AM I GETTING THIS INFORMATION SHEET?**

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *CIF rules require a student athlete, who has been removed from practice or play after displaying signs and symptoms associated with heat illness, must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness 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 separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### **WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?**

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

**PREVENTION** There are several ways to try to prevent heat illness:

#### **ADEQUATE HYDRATION**

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

#### **GRADUAL ACCLIMATIZATION**

Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully equipped).

#### **ADDITIONAL PREVENTION MEASURES**

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>.



## Parent/Student CIF Heat Illness Information Sheet



### **HEAT EXHAUSTION**

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

### **TREATMENT OF HEAT EXHAUSTION**

Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

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### **HEAT STROKE**

Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 107 degrees Fahrenheit. ***Signs observed by teammates, parents, and coaches include:***

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

### **TREATMENT OF HEAT STROKE**

**This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.**

Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

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### **FINAL THOUGHTS FOR PARENTS AND GUARDIANS**

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness that you may be seeing in your child.

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

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Student-Athlete Name  
*Printed*

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Student-Athlete  
*Signature*

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Date

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Parent or Legal Guardian Name  
*Printed*

---

Parent or Legal Guardian  
*Signature*

---

Date