

2017-18 COHS Athletic Clearance Process

ATHLETES WILL NOT BE ALLOWED TO PRACTICE OR TRY OUT FOR A TEAM UNLESS THEY HAVE COMPLETED THE CLEARANCE PROCESS. ALL ATHLETES WILL NEED THE FOLLOWING TO RECEIVE THEIR CLEARANCE CARDS:

- **Completed**, signed Sports Physical Form (dated May 1, 2017 or later)
**Please note that physicals must be administered each year by a licensed physician (MD/DO);
Chiropractors are not permitted to sign COHS Physicals*
- **Completed**, signed COHS Athletic Permission Slip
- **Completed**, signed Agreement for Team Participation Form
- **Completed**, signed Student Alternative Transportation Form
- **Completed**, signed Concussion & Head Injury Information Sheet
- **Completed**, signed Cardiac Arrest Information Sheet
- **Completed**, signed Student Athlete Treatment Consent & Form
- **Completed**, signed EGUSD Emergency Information Form
- **Completed**, signed WIN-CO Form
- 2.00 GPA (or better) from 2017 Term 4 Report Card

Clearance Cards will be issued for the **Fall** athletic season according to the following schedule:

July 25th, 26th & 27th 4:00-7:00pm in the Student Activities Room (HC 6)

Parents are asked to be in attendance for clearance on these evenings to expedite the clearance paperwork process. Student-athletes do not need to show up on these nights. The first late clearance opportunity will be on Monday, July 31st, on a walk-in basis or by making an appointment with the athletic director between the hours of 3:15 pm to 5:30 pm. Contact George Smith, Athletic Director for alternate times via email at gtsmith@egusd.net.

Transfer Student/Athletes

If you have transferred to Cosumnes Oaks High School, please contact George Smith, Athletic Director for information regarding your transfer paperwork.

First day of Football is July 31st all other Fall Sports begin August 7th

Fall Sports are: Football, Cross Country, Girls Volleyball, Girls Golf, Girls Tennis & Cheer Leading.

George Smith/Athletic Director: 916-683-7670



SPORTS PHYSICAL EXAMINATION FORM

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

Form with fields: LAST NAME, FIRST NAME, GRADE, BIRTHDATE, FALL SPORT, WINTER SPORT, SPRING SPORT, STUDENT ID NUMBER

PART 1 -- HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)

Health history questionnaire with 29 numbered questions and checkboxes for Yes/No.

Date of last known tetanus (lockjaw) shot: _____ Date of last complete physical examination: _____
Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):

PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports.

Form with fields: PRINT NAME OF PARENT OR GUARDIAN, SIGNATURE OF PARENT OR GUARDIAN, ADDRESS, WORK PHONE, HOME PHONE, DATE, REGULAR PHYSICIAN'S NAME, OFFICE PHONE, PROVIDER CLINIC OR ORGANIZATION

PART 2 - MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

Medical evaluation table with columns: NORMAL, ABNORMAL (Describe), (May be contained on Provider's Form). Rows include Eyes/Ears/Nose/Throat, Heart, lungs, pulmonary function, Abdomen, genital/hernia (males), Skin and Musculoskeletal, Neurologic Screening Exam (NSE), Concussion Screening Evaluation.

Comments: _____ PHYSICIAN STAMP
PRINT NAME OF PHYSICIAN _____ PHYSICIAN'S SIGNATURE _____ DATE _____

COSUMNES OAKS HIGH SCHOOL
ATHLETIC PERMISSION SLIP

This form serves as an official "Permission Slip" for your student-athlete to participate in any extracurricular athletic event. Failure to provide all of the necessary information will prohibit your child from any type of participation.

Student's Name: _____ Age: _____ Date of Birth: ____/____/____

Student ID # _____ Graduation Year: (please circle): 2018 2019 2020 2021

Student's Address: _____ City: _____ Zip Code: _____

Parent's or Guardian's Name: _____

Home Phone: () _____ Work Phone: () _____

Mobile Phone: () _____ Pager () _____

Points of emphasis for 2017-18:

Leaving a team – Any student that leaves a team during a season, after the first scheduled contest in that sport has taken place, shall be declared ineligible to participate in any activities for another team in the current or subsequent season until such time that all competition is completed by individuals representing that sport, regardless of division played or post-season advancement by varsity competitors. This also applies to any spring conditioning for a fall sport. It is the expectation that all Cosumnes Oaks student-athletes will remain committed to their teams.

Transportation – Due to budgetary restrictions, the number of athletic trips provided by the EGUSD will be limited. Parents & Guardians will be asked to transport their children to and from more events than in years past. Student drivers may drive themselves if they have the appropriate paperwork on file with the Athletic Director. Students may not ride with another student driver. Students may not ride with any person, other than their own parent/guardian, unless that person is cleared by the Athletic Director to transport students.

Citizenship/Sportsmanship – A pillar of interscholastic competition is the general behavior of our student-athletes. Student-athletes that do not meet a high standard of citizenship and sportsmanship at school, school events, or during competition may have their clearance for participation in athletics suspended or revoked. In addition, it is the expectation of the school that all spectators will conduct themselves in a manner that is consistent with the expectations of sportsmanship of the NFHS, CIF, EGUSD, and COHS. Spectators that demonstrate poor sportsmanship or generally disruptive behavior may be barred from attending COHS athletic events.

Awards/Recognition – In order to be eligible to receive recognition (including awards, block letters, or certificates) at season's end, athletes must finish the season in good standing with the team. This includes, but is not limited to, having all outstanding equipment returned and being academically & residentially eligible to compete in the team's final contest.

Refunds of the Voluntary Athletic Contribution – Requests for a refund of the Voluntary Athletic Contribution must be completed before the first scheduled contest for students that leave a team due to disenrollment, suffer a season-ending injury, or are unable to make the final roster. VAC contributions will otherwise be considered voluntary, unconditional gifts in support of EGUSD Athletics.

My signature, confirms that the student named above has my permission to participate in athletic activities at Cosumnes Oaks High School from June 1, 2017 to June 2, 2018. It also certifies, to the best of my knowledge, that my child is healthy and is able to participate in any workout activities he/she is asked to perform. I further acknowledge that it is the responsibility of parent and student to be aware of all rules, regulations, and provisions set in the EGUSD Student-Athlete & Parent Handbook. This can be seen at: http://www.egusd.net/students_parents/athletics.cfm. A paper copy of this handbook can be provided by the Athletic-Director upon request.

Parent's Name (Print)

Parent's Signature

Date



AGREEMENT FOR TEAM PARTICIPATION

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities. Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – Concussion and Head Injury Information Sheet & Sports Physical Examination Form

Student:		Address:	
Grade:	Student ID #:	DOB:	
School:		Telephone:	
Team(s):			

In consideration of the Student’s ability to participate on a Team [including any Sport, Cheerleading or Dance], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities (“Team Activities”), the Student and Parent/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 or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

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 any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring 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 removal from the Team and/or Team Activities. Should the Student’s violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or 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 physical conditions or Injuries, whether or not caused by or related to the Student’s participation in Team Activities. All such risks are deemed to be inherent to the Student’s participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District (“Released Parties”), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are “field trips” for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student’s belief, and notify a parent or guardian of the Student’s belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

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 administer 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



CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:		Address:	
Grade:	Student ID #:	Telephone:	
School:	School Year:	DOB:	

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____ Dated: _____

Student _____ Parent/Guardian: _____

Signature _____ Signature _____



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 & Student ID#:	
Event(s): Each approved Event or series of Events must be listed:	ALL COHS ATHLETIC EVENTS 2017-2018
Date(s):	August 7, 2017 through June 1, 2018
Reason for Request:	For any non-district provided transportation
Name of Designated Driver(s): Student and/or Designated Adult(s)	Any district authorized driver that has been vetted through the district office for the 2017-2018 school.

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.

Printed Name of Student

Signature

Date

Printed Name of Parent/Guardian

Signature

Date

Printed Name of Supervising Employee

Signature

Date

Date Received by District:

Received/Approved by:

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio-direction instructs the rescuer when to press a button to deliver the shock; while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>





Athletic Trainers – not “Trainers”

The world today is on the move, and people are more active, more interested, more educated. We're trained in fitness, sports, computer applications even parenting. As a result, the word “trainer” has lost its meaning. Here are the differences between a certified athletic trainer and personal trainer.

CERTIFIED ATHLETIC TRAINER

An athletic trainer is a person who meets the qualifications set by a state licensure and/or the Board of Certification, Inc. and practices athletic training under the direction of a physician.

Certified athletic trainers:

- Must have at least a bachelor's degree in athletic training, which is an allied health profession
- Must pass a comprehensive exam before earning the ATC credential
- Must keep their knowledge and skills current by participating in continuing education
- Must adhere to standards of professional practice set by one national certifying agency

Daily duties:

- Provide physical medicine and rehabilitation services
- Prevent, diagnose, treat and rehabilitate injuries (acute and chronic)
- Coordinate care with physicians and other allied health professionals
- Work in schools, colleges, professional sports, clinics, hospitals, corporations, industry, military, performing arts

PERSONAL TRAINER

A personal trainer is a person who prescribes, monitors and changes an individual's specific exercise program in a fitness or sports setting.

Personal trainers:

- May or may not have higher education in health sciences
- May or may not be required to obtain certification
- May or may not participate in continuing education
- May become certified by any one of numerous organizations that set varying education and practice requirements

Daily duties:

- Assess fitness needs and design appropriate exercise regimens
- Work with clients to achieve fitness goals
- Help educate the public about the importance of physical activity
- Work in health clubs, wellness centers and various other locations where fitness activities take place

If you have questions about the person providing health care for you, for your student or for a colleague, speak up! Be sure you're getting the right health care for the right condition.

About the National Athletic Trainers' Association (NATA):

Athletic trainers are unique health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers' Association represents and supports 30,000 members of the athletic training profession. NATA advocates for equal access to athletic trainers for patients and clients of all ages and supports H.R. 1846. Only 42 percent of high schools have access to athletic trainers. NATA members adhere to a code of ethics. www.nata.org



Student Athlete Treatment Consent & Concussion Form

Concussions: 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.

I understand that Education Code (EC 49475) states that an athlete who is suspected of having a head injury in an athletic activity shall be immediately removed from the activity and shall not be permitted to return to activity until he or she 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.

Treatment Consent: I understand that immediate first aid will be administered, if needed.

I understand that sports/activities (especially contact sports) are potentially dangerous and can lead to serious injury, paralysis or death. I understand that a medical doctor will not be in attendance at practices or games. Knowing these facts, I give my consent for my son/daughter to participate in athletics. In case my son/daughter is injured, I hereby authorize the athletic trainer to administer medical treatment and/or implement an emergency protocol.

By signing this form I understand the risk of sport participation and consent to treatment provided by the athletic trainer for my son/daughters well being.

Print Student Athlete Name

Date

Print Parent/Legal Guardian Name

Parent/Legal Guardian Signature



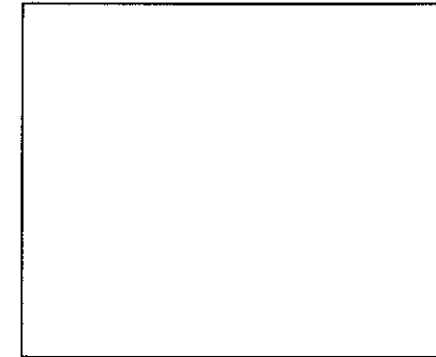


Cosumnes Oaks High School
Wolfpack Athletics



2017-18 Athletic Clearance

Student-Athletes will not be allowed to participate in any athletic event, practice, tryout, or contest unless the following requirements have been satisfied. This Clearance Card is invalid unless stamped and signed by the COHS Athletic Director.



1. Completed, signed Sports Physical Form (dated May 1, 2017 or later)*Please note that physicals must be administered each year by a licensed physician (MD/DO); Chiropractors are not permitted to sign COHS Physicals
2. Completed, signed COHS Athletic Permission Slip
3. Completed, signed Agreement for Team Participation Form
4. Completed, signed Student Alternative Transportation Form
5. Completed, signed Concussion & Head Injury Information Sheet
6. Completed, signed Cardiac Arrest Information Sheet
7. Completed, signed Student Athlete Treatment Consent & Form
8. Completed, signed EGUSD Emergency Information Form
9. Completed, signed WIN-CO Form
10. 2.00 GPA (or higher) on 2017 Term 4 Grades

EGUSD EMERGENCY INFORMATION

9 10 11 12 _____
 Grade Last Name First Name School ID# Birthdate

Address _____ City _____ Zip _____

Father _____ Mother _____ Home Phone _____

Father's Employer Phone _____ Cell Phone _____ E-mail _____

Mother's Employer Phone _____ Cell Phone _____ E-mail _____

In the absence of parent, 2nd contact will be (neighbor/friend/relative) _____ Phone _____

I am the above child's parent, relative, legal guardian or foster parent (circle one) Foster Parent Lic. No. _____

PLEASE INDICATE DESIRED IN THE EVENT OF AN ACCIDENT OR EMERGENCY (CHECK BOX 1 OR 2)

1. In the event of an accident or other emergency. When a parent is unavailable, I hereby authorize a representative of the school to make such arrangements as he considers necessary for my child to receive medical or hospital care, including transportation. Under such circumstances, further I authorize the physician named below to undertake such care and treatment of my child as he considers necessary in the event said physician is not available at the time. I authorize such care treatment to be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear any costs incurred as a result of the foregoing:

_____ Medical Insurance Company _____ Medical Record # _____ Physician Name _____ Physician Phone # _____

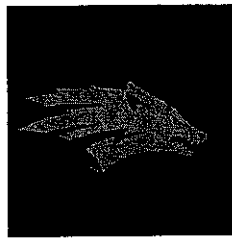
2. I do not choose the above statement and desire the following action: _____

X _____ X _____
 Mother's Signature Date Father's Signature Date

Cosumnes Oaks High School

WIN-CO

Your Voluntary Athletic Donation doesn't leave the site. This means 100% of the money contributed will go into the teams ASB account.



COHS WIN-CO Breakdown:

- 100% of contributed money will go directly into your teams ASB account.

WIN-CO helps supplement transportation, replaces equipment and other help covers vital cost to maintain an effective and safe athletic program. Any amount donated drives the Wolfpack in a positive direction. Thank you for your contribution into making the Wolfpack stronger!

Cosumnes Oaks High School

WIN-CO

Instructions: Please fill out and complete this Voluntary Athletic Donation form to the school site Athletic Director. This Voluntary Athletic Donation form must be completed and submitted for each sport of participation in order for your child to obtain athletic clearance.

Student's Name:.....Date of Birth:.....

School:.....Student ID #:.....Grade:.....

Parent's Name:.....Phone#:.....

1st Sport:.....2nd Sport:.....3rd Sport:.....

I wish to make a voluntary donation for the suggested amount (Circle)

- First Sport \$150
- Second Sport \$125
- Third Sport \$100

I wish to make a voluntary donation in the amount of(List Amount)

I do not wish to make a contribution at this time

I certify that all of the information above is true and correct.

Signed:.....Date:.....

.....For Tax Purposes.....

Voluntary Athletic Donation to Cosumnes Oaks High School

A donation in the amount of \$:.....Made on:.....(Date