



***Cornerstone Christian
School***

***Athletic Packet
2016-2017***

TWELVE VIRTUES FOR THE STUDENT-ATHLETE

Athletics serve as an integral piece to the total educational program found at Cornerstone Christian School. All activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with our school's stated purpose and goals established for the spiritual, intellectual, physical and social development of the students. It is within this context that the following "Virtues" are established.

- As a student-athlete, I understand that it is my responsibility to:
- Place academic achievement as the highest priority.
- Show respect for teammates, opponents, officials, and coaches.
- Respect the integrity and judgment of game officials.
- Exhibit fair play, sportsmanship and appropriate conduct in all situations.
- Maintain a high level of safety awareness.
- Refrain from the use of profanity, vulgarity, and all other offensive language and gestures.
- Adhere to the established rules and standards of the game being played. •Respect all equipment through appropriate use.
- Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance used to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General, or the American Medical Association.
- Know and follow all state, section, league and school athletic rules/regulations as they pertain to eligibility and participation.
- Attend all practices and games accordingly.
- Win with character, lose with dignity.

Athlete's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

PARENT/DRIVER INSURANCE FORM

Please attach a current copy of your insurance card with this form.

Student's Name (please print): _____

Parent's Name (please print): _____

Home Address: _____

City, State & Zip Code: _____

Make & Model Vehicle: _____

Driver's License #: _____

Insurance Company: _____

Policy #: _____

Expiration Date: _____

Home Phone: (_____) _____ Cell: (_____) _____

I understand that as the registered owner of the vehicle, the primary responsibility for all legal and insurance issues arising from the use of my vehicle on the behalf of the school rests entirely with me. I understand that the school's liability insurance covers only registered CCS students on a school-sponsored activity, and is secondary to my personal auto and liability insurance.

Parent's Signature: _____ Date: _____

ATHLETIC COMMITMENT LETTER

The athletic department at Cornerstone Christian School welcomes you! Please take the time to review the key expectations of the program provided. Should there be any questions please contact the athletic office.

1. **Athletic commitment:** It is vital that athletes and parents recognize the significance and value of commitment concerning athletic participation. Athletes are required to participate in all team functions including fundraisers, practices, games, and award banquets. Parents are required to serve ten hours of athletic service, assisting the booster club in a variety of functions. Hours should be divided, five hours during your child's sport and five hours involved in another sport. Training and supervision will be offered for the more "difficult" duties. Furthermore, please note that all athletic fees are due prior to athletic involvement (unless previous arrangement has been set by the administration.)
2. **Attendance at practices and games:** During the season, each athlete is expected to punctually attend all practices and games. If a student comes to school, he/she is expected to attend practice. If the student is injured, he/she is still a part of the team and required to attend all practices and games for the duration of the season. Cornerstone Christian School wants to field the most prepared teams to ensure competitiveness in any and all contests.
3. **Athletic Department policy on unexcused absences from practices and games:** Should an athlete miss practice due to an unexcused absence, he/she will not be allowed to start in the next contest. Multiple violations will result in the suspension of the athlete for a suitable period of time. Should an athlete miss an athletic contest due to an unexcused absence, he/she will miss the following contest. Multiple violations may result in termination from the team. Athletes are expected to attend all practices and/or games scheduled during holiday breaks. Please schedule family vacations before or after the season.

4. Athletic Department policy concerning facilities and equipment: All student-athletes must assist in the set-up and clean-up of their particular athletic function. Athletes may not leave until permission has been given by the coach or lead administrator. Furthermore, each athlete will be financially responsible for all school equipment “borrowed” in-season. Any uniform or other piece of equipment damaged or not returned upon conclusion of the athletic season will be billed (3) three times the value and have it assessed to the athlete’s school bill. Athletes are to be both respectful and responsible at all times.

5. Athletic Department policy concerning academics: All student-athletes must maintain a minimum grade point average (GPA) of 2.5 or better to participate in any athletic activity.

- Should an athlete’s GPA fall below 2.5 during any point of the season, he/she will be placed on academic probation until the GPA is improved to a minimum of 2.5.

Appropriate teachers will monitor the student’s progress and a weekly academic report will be given to Mrs. Rosen.

- Should an athlete’s GPA fall below a 2.5 during any time of the season, he/she will become ineligible immediately until the next grading period begins.

- Should any athlete maintain a 2.5 GPA but receive an “F” grade on their semester progress report, the student will be placed on “game suspension” until that “F” grade has been raised and is verified.

Athlete’s Signature: _____ Date _____

Parent’s Signature: _____ Date _____

INHERENT RISK FORM

_____ (sport) is an exciting activity that can involve forceful contact with the ground or another player. The sport is also frequently played during inclement weather conditions, such as heat, rain, etc. Because of these conditions inherent to the sport, participating in this activity exposes the athlete to many risks of injury. Those injuries include, but are not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs; serious injuries to the bones, ligaments, joints and tendons; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological and social abilities, including the ability to earn a living.

In an effort to make this sport as safe as possible, the coaching staff will instruct the players concerning the rules and the correct mechanics of all skills. It is vital that athletes follow the coach's skill instruction, training rules and team policies to decrease the possibility of serious injury. Team rules and policies are listed in the Athletic Handbook each athlete receives at the preseason meeting.

We have read the information above concerning the risk of playing this sport. We understand and assume all risks associated with trying out, practicing and playing. We further agree to hold Cornerstone Christian School and its employees, representatives, coaches, volunteers and agents harmless in any activity and all legal actions, claims, or additional legal action in connection with participation in any activities related to participation on the Cornerstone Christian _____ (sport) team.

In signing this form, we assume the inherent risks of this sport and waive future legal action by our heirs, estate, executor, administrator, assignees, family members and ourselves.

Date: _____

Name of athlete: _____

Signature of the athlete: _____

Signature of mother (or legal guardian): _____

Signature of father (or legal guardian): _____

(Both parents signature required)

Travel Permission and Medical Release

The undersigned does hereby consent (child's name) _____ to travel with the CCS Sports Team _____ by mode of transportation of a _____ taking part with activities and with the full understanding that insofar as such activities might involve sporting events traveling and mingling with other individuals and groups, that there is always a risk of injury, illness and loss, and possible consequent expense for medical diagnostic and curative treatment and incidental loss and expense; and in these premises the undersigned does hereby wholly release Cornerstone Christian School from any responsibility or liability and waives any claims, causes or action against it or its agents that might arise on account of loss, injury, or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless Cornerstone Christian School, in event that any claim should arise and the undersigned agrees to abide the rules and regulations supervision and discipline set by Cornerstone Christian School and its agents; and does hereby authorize Cornerstone Christian School and its staff member, or agents to arrange for and consent to X-ray examinations, anesthetic, dental, medical or surgical diagnosis and treatment, and hold harmless Cornerstone from any cause of action arising from the consent. The undersigned will furnish payment or insurance of any such expense.

Parent's Name (please print) _____ Date: _____

Parent's Signature _____

Home Address: _____

City, State, & Zip _____

Father's Work Phone: (_____) _____ Cell: (_____) _____

Mother's Work Phone: (_____) _____ Cell: (_____) _____

Home Phone: (_____) _____ Email :Address: _____

Doctor's Name (please Print) _____

Doctor's Phone: (_____) _____

Insurance Carrier: _____ Policy #: _____

Any Allergies: _____



Concussion Information Sheet



Why am I getting this information sheet?

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

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

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

What is a concussion and how would I recognize one?

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

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department of your local hospital.

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

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

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

to recover from concussion and are more prone to long-term serious problems from a concussion.

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

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

3/2015

Signs observed by teammates, parents and coaches include:

- | | |
|--|---|
| <ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly | <ul style="list-style-type: none">• Slurred speech• Shows a change in personality or way of acting• Can't recall events before or after the injury• Seizures or has a fit• Any change in typical behavior or personality• Passes out |
|--|---|

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or throws up• Neck pain• Has trouble standing or walking• Blurred, double, or fuzzy vision• Bothered by light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Loss of memory• "Don't feel right"• Tired or low energy• Sadness• Nervousness or feeling on edge• Irritability• More emotional• Confused• Concentration or memory problems• Repeating the same question/comment |
|--|--|

What is Return to Learn?

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

How is Return to Play (RTP) determined?

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

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

Final Thoughts for Parents and Guardians:

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

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012



Concussion Information Sheet



Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the “Return to Learn” and “Return to Play” protocols I will consult with my physician.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____

Explain "Yes" answers below.

Circle questions you don't know the answers to.

		Yes	No			Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28.	Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30.	Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has a doctor ever told you that you have (check all that apply):			32.	Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> High blood pressure			33.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> A heart murmur			34.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> High cholesterol			35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> A heart infection			36.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	37.	When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	42.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	44.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	45.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes
20.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	48.	How old were you when you had your first menstrual period? _____		
22.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	49.	How many periods have you had in the last 12 months? _____		
23.	Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____			

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

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

Preparticipation Physical Evaluation

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD
 or DO

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Preparticipation Physical Evaluation

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD
 or DO

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Code of Ethics - Athletes

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

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

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-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 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 the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office. (Revised 7/12)

CCS Athletic Emergency Card



Please Print Clearly

Student LAST NAME	Legal FIRST NAME	"NICKNAME"	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City, State, Zip	
Home Phone # (if none, write "none")	Entering Grade	Date of Birth:	
Student Cell #	Student e-mail address:		
Father's Legal Name:		Work Phone #	
		Home Phone #	
Father's Email address:		Cell #	
Mother's legal Name:		Work Phone #	
		Home Phone #	
Mother's Email address:		Cell #	

Student lives with: Both Parents 100% Mother _____% Father _____% Guardian

Person to call FIRST: _____

EMERGENCY INFORMATION (Please notify CCS Athletic Office if this information changes.)
 Please provide name, relationship, and phone of **local person(s)** other than parents to have your child picked up if he/she becomes ill at practice or games and parents cannot be reached.

Students will only be released to those persons listed below.

Name	Relationship	Home Phone and/or Cell #
Name	Relationship	Home Phone and/or Cell #
Name	Relationship	Home Phone and/or Cell #

**** Please complete reverse side ****

Medical Information: Place a check in the box provided if the answer is yes. If yes, please list details below.

<input type="checkbox"/>	NO KNOWN HEALTH PROBLEMS		
<input type="checkbox"/>	Allergy-Bee Sting	<input type="checkbox"/>	Epilepsy/Seizures
<input type="checkbox"/>	Allergy-Food (List)	<input type="checkbox"/>	Cancer/Leukemia
<input type="checkbox"/>	Allergy-Medication List)	<input type="checkbox"/>	Cerebral Palsy
<input type="checkbox"/>	Allergy-Pollen/Dust/Hay fever	<input type="checkbox"/>	Color Blindness
<input type="checkbox"/>	Asthma-(no medication needed at school)	<input type="checkbox"/>	Diabetic
<input type="checkbox"/>	Asthma-(medication needed at school)	<input type="checkbox"/>	Hearing Aid Used
<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	Hearing Loss (which ear _____)
		<input type="checkbox"/>	Hemophilia
		<input type="checkbox"/>	ADD/ADHD
		<input type="checkbox"/>	Medication taken (list)
		<input type="checkbox"/>	Medication needed at school (list)
		<input type="checkbox"/>	Speech Problem
		<input type="checkbox"/>	Glasses/Contacts
		<input type="checkbox"/>	Others (list below)

Are there any physical conditions, which need special consideration in the event of an emergency?
(Such as allergy to medicine, food, cardiac condition, diabetes, etc.?)
Please explain.

IMPORTANT:

ALL MEDICATIONS DISPENSED AT SCHOOL MUST BE IN ITS ORIGINAL CONTAINER.

CCS staff does not dispense any type of medication (prescription & non-prescription) to students unless brought in by the parent, in its original container, and a consent form is signed.

PRESCRIPTION & NON-PRESCRIPTION MEDICATIONS ARE TO BE DISPENSED BY CCS STAFF ONLY.

Name of Physician	City	Phone
<hr/>		
Name of Dentist	City	Phone
<hr/>		
Hospital Preferred		
<hr/>		
Medical Insurance Carrier:		
Policy #		
<hr/>		

Dear Parent/Guardian: Your signature below authorizes CCS coaches and athletic personnel to contact the physician listed above to render necessary emergency treatment for serious injury or accident (at your expense) if neither parent/guardian can be reached. This further authorizes CCS to take your child to a local physician of the school's choice if your physician is not available. In the event of an emergency, your child will be taken to the nearest hospital. In the event emergency treatment is necessary, CCS will be held harmless in all decisions.

Signature of Parent/Guardian

Date