ATHLETIC CLEARANCE

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

1. Complete and sign every part of this eight-page application. Please remember that to be academically eligible for participation in any sport the student must be passing in a minimum of four (4) classes, have a GPA of 2.0 or higher in the previous grading period, and have no more than one (1) unsatisfactory citizenship mark (U) in the previous grading period. Students new to the Corona-Norco Unified School District must provide a copy of their most recent report card.

2. Complete a physical examination. Under California Education Code, an athletic physical is valid for a period of 12 months from the date given.

3. Complete the Emergency Medical Information and Transportation Permit Card. New cards are required for each new season of sport.


5. All the above materials must be presented to the site Assistant Principal/Athletic Director and be on file in that person's office. No try-outs, practice, or participation of any kind may take place prior to receiving approval from the AP/Athletic Director. By CIF rule, information provided by the student or his/her parent which proves to be false may result in the loss of as much as 24 months of athletic eligibility.

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

CHECK ACTIVITIES IN WHICH YOU PARTICIPATE
(ONE SPORT PER SEASON)

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<tr>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
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<tbody>
<tr>
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<td>□ Basketball</td>
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Performance Group (Pep Squad, Tall Flags, Band, Cheer, Dance, Color Guard, etc.)

Club Sport
ATHLETE’S REGISTRATION CARD & RESIDENTIAL ELIGIBILITY

Student Name:_________________________________________ Sex:____ Date:________________
Address:_________________________________________________ Age:____ Date of Birth:____________________
City:_________________________________ Zip Code:_________ Home Phone:____________________
Parent Cell Phone:_________________________ e-mail:________________________________________
Father’s Name:_____________________________ Employer:_________________________ Phone:____________________
Mother’s Name:_____________________________ Employer:_________________________ Phone:____________________
Current Grade:_________________________ Date First Entered 9th Grade (Mo/Yr):____________________

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

Have you attended any high school other than the one at which you are applying for eligibility?
☐ Yes (Complete Sections A and B below)
☐ No (Complete Sections B only below)

A. What school did you attend last year? (Include dates)

While attending the above school, my address was:
DSITY_________ STATE____ ZIP

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

Other (specify)_________________________

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

B. Date of entry at this school (Month/Year)

While attending this school my home address is:
DSITY_________ STATE____ ZIP

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

Relative (specify)_________________________Other (specify)_________________________

Is this the same Parent(s)/Guardian(s)/Other(s) with whom you lived while attending the previous high school in Section A above?
YES_______ NO_______ NOT APPLICABLE:_________

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

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

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

In addition to the above, the Corona-Norco Unified School District Athletic Code has been read by the student and ourselves. We agree to follow the rules therein. If we have any questions or need further explanation, we will contact the Assistant Principal/Athletic Director: Centennial High: 739-5692 / Corona High: 736-3383 / Norco High: 736-3283 / Roosevelt High: 738-2109 / Santiago High: 739-5609. Our signatures below verify we have read and understand the CNUSD Athletic Code.

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

Student Signature_________________________________________ Date____________________

Parent/Legal Guardian Signature:_________________________________________ Date____________________
ANDROGENIC/ANABOLIC STEROIDS PROHIBITION STATEMENT

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

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

ATHLETE’S CODE OF ETHICS

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

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

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, official 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.

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

Parent’s Signature ______________________ Date __________
Athlete’s Signature ______________________ Date __________

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

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

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion determines that the athlete sustained a concussion or a head injury, the athlete is required to completed a graduated return-to-play protocol of no less than seven (7) full days from the time of diagnosis under the supervision of a licensed health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete’s parent or guardian before the athlete’s initiating practice or competition. (Approved May 2010 Federated Council/Revised May 2012 Federated Council/Revised January 2015 Federated Council) CIF Bylaw 503 (H)

CORONA/NORCO UNIFIED SCHOOL DISTRICT

Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

☐ I have read and understand the CIF/CDC Concussion Fact Sheet.

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

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

Signature of Student-Athlete ___________________________ Date ___________________________
Signature of Parent/Guardian ___________________________ Date ___________________________

Printed name of Student-Athlete ___________________________
Printed name of Parent/Guardian ___________________________
A Fact Sheet for Parents/Guardians

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

CIF Bylaw 503(H). Play It Safer
A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms may include:

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

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

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

WHAT YOU SHOULD DO IF YOU THINK YOUR CHILD HAS SUFFERED A CONCUSSION
Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. Close observation of the athlete should continue for several hours. The new “CIF Bylaw 503(H)” now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that help ensure and protect the health of student-athletes.

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

For more information and resources, visit www.cifstate.org/health_safety & www.cdc.gov/concussion
Preparticipation Physical Evaluation

Name ________________________________ Sex ______ Age ______ Date of Birth ______
Grade ______ School ____________ Sport(s) ______

Address ____________________________

Personal physician ____________________________

In case of emergency, contact
Name ________________________________ Relationship ____________ Phone (H) ______ (W) ______

Explain “Yes” answers below. Circle questions you don’t know the answers to.

1. Have you had a medical illness or injury since your last check up or sports physical?
   Do you have an ongoing or chronic disease?
   Have you ever had surgery?
   Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
   Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
2. Have you ever been hospitalized overnight?
   Have you ever had surgery?
   Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
   Have you ever had a rash or hives develop during or after exercise?
3. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise?
   Do you get tired more quickly than your friends do during exercise?
   Have you ever had racing of your heart or skipped heart beats?
   Have you had high blood pressure or high cholesterol?
   Have you ever been told you have a heart murmur?
   Has any family member or relative died of heart problems or of sudden death before age 50?
   Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
4. Have you ever had a head injury or concussion?
   Have you ever been knocked out, become unconscious, or lost your memory?
   Have you ever had a seizure?
   Do you have frequent or severe headaches?
   Have you ever had numbness or tingling in your arms, hands, legs, or feet?
   Have you ever had a stinger, burn, or pinched nerve?
5. Have you ever become ill from exercising in the heat?
6. Have you ever had any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
7. Have you ever had a head injury or concussion?
   Have you ever been knocked out, become unconscious, or lost your memory?
   Have you ever had a seizure?
   Do you have frequent or severe headaches?
   Have you ever had numbness or tingling in your arms, hands, legs, or feet?
   Have you ever had a stinger, burn, or pinched nerve?
8. Have you ever become ill from exercising in the heat?
9. Do you cough, wheeze, or have trouble breathing during or after activity?
   Do you have asthma?
   Do you have seasonal allergies that require medical treatment?
10. Do you use any special protective or corrective equipment or devices that aren’t usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aide)?
   Have you had any problems with your eyes or vision?
   Do you wear glasses, contacts, or protective eyewear?
11. Have you ever had a sprain, strain or swelling after an injury?
   Have you broken or fractured any bones or dislocated any joints?
   Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?
   If yes, checked appropriate box and explain below.
   (Yes) Head (No) Elbow (Yes) Thigh (No) Neck (No) Forearm (Yes) Knee (No) Back (No) Wrist (Yes) Shin/calf (Yes) Chest (No) Hand (No) Ankle (No) Shoulder (No) Finger (No) Foot (Yes) Upper Arm (No) Hip
12. Do you want to weigh more or less than you do now?
   Do you lose weight regularly to meet weight requirements for your sport?
13. Do you feel stressed out?
14. Record the dates of your most recent immunizations (shots) for:
   Tetanus ____________ Measles ____________
   Hepatitis B ____________ Chickenpox ____________
15. Do you have Sickle Cell Trait or Sickle Cell Disease?
   FEMALES ONLY
   17. When was your first menstrual period? ____________
   When was your most recent menstrual period? ____________
   How many periods have you had in the last year? ____________
   What was the longest time between periods in the last year? ____________
   Explain “Yes” answers here:

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

Signature of athlete ________________________________ Signature of parent/guardian ________________________________ Date ____________
A. I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

B. Because of the dangers of participating in the above sport(s), I recognize the importance of following coaches’ instructions regarding playing techniques, training and other team rules, etc., and to obey such instructions.

C. In consideration of the Corona-Norco Unified School District permitting me to try out for sports at Centennial/Corona/Norco/Roosevelt/Santiago High School and to engage in all activities related to the team, including, but not limited to, trying out, practice or playing/participating in that sport, I hereby assume all risks associated with participating and agree to hold the Corona-Norco Unified School District, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Centennial/Corona/Norco/Roosevelt/Santiago High School team(s). The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

D. I especially acknowledge that baseball, football, and wrestling are more dangerous sports involving even greater risk of injury than other sports.

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

Either Box A or Box B must be checked.

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

A check in Box B indicates that the parent/guardian has purchased Myers-Stevens athletic insurance. See the AP/Athletic Director for the correct form. If box B is checked, please put “Myers-Stevens” in the COMPANY/Policy # section of box A.

**INTERSCHOLASTIC ATHLETIC INSURANCE COVERAGE CERTIFICATION**

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

A. □
   I, ____________________________________________________________________
   Print name of parent/guardian
   ____________________________________________________________________
   Name of student
   Is insured in accordance with Education Code, Sections 32220 - 32224 through:
   COMPANY name (Medical Policy):  __________________________________________
   Policy #: ____________________________

B. □
   I am purchasing athletic insurance. Make check payable in accordance with insurance pamphlet and bring to athletic office with athletic papers for clearance.
   □ ALL SPORTS (Other than Football) □ FOOTBALL ONLY

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

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

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

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

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<th>Parent/Guardian signature</th>
<th>Date</th>
<th>Student Signature</th>
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**PHYSICAL EXAMINATION**

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| Height | Weight | % Body fat (optional) | Pulse | BP | / | / | | | |
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**MEDICAL**

- Appearance
- Eyes/Ears/Nose/Throat
- Lymph Nodes
- Heart
- Pulses
- Lungs
- Abdomen
- Genitalia (males only)
- Skin

**MUSCULOSKELETAL**

- Neck
- Back
- Shoulder/arm
- Elbow/forearm
- Wrist/hand
- Hip/thigh
- Knee
- Leg/ankle
- Foot

**CLEARANCE**

- □ Cleared
- □ Cleared after completing evaluation/rehabilitation for:

  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

- □ Not cleared for: ___________________________ Reasons: ___________________________

  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

Name of physician (print/type) ___________________________ Date ___________

Address ___________________________ Phone ___________________________

Signature of physician ___________________________ MD or DO ___________________________ Medical License No. ___________________________

Revised 5-12
CORONA-NORCO UNIFIED SCHOOL DISTRICT

AUTHORIZATION FOR EMERGENCY MEDICAL CARE (WAIVER)

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

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

1. STUDENT NAME: (last)______________________________________ (first)______________________________________ (m.i.) ______ GRADE: _____

ADDRESS: _______________________________________________________ SEX: ______ AGE: ______ DATE OF BIRTH: ______

CITY: ___________________ ZIP: ___________ PHONE: _______________

2. FATHER’S NAME: ___________________ PHONE: __________ _ CELL: __________ 

EMPLOYER: ____________________________ _ PHONE: ____________ 

3. MOTHER’S NAME: _______________ _ PHONE: __________ _ CELL: __________ 

EMPLOYER: ____________________________ _ PHONE: ____________ 

4. Name of person, other than parent or guardian, who is authorized to approve emergency medical treatment:

_________________________________ PHONE: ____________ 

5. FAMILY DOCTOR: __________________________ _ PHONE: ____________ 

HEALTH INSURANCE CO: ____________________________________________________________________ POLICY I.D.#: __________________

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

Allergies: ____________________________ Allergies to specific medication(s): ______________ 

Any previous significant medical problems: __________________________________________

Sickle Cell Trait/Disease: □ Yes □ No 

Asthma: □ Yes □ No

ATHLETIC TRANSPORTATION PERMIT

Dear Parent/Guardian:

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

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

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

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

Parent/Guardian Signature __________________________________________ Date: ____________

ATHLETIC OFFICE USE ONLY

CNUSD Athletic Clearance Date: ________________ Season: Fall Winter Spring Level: V JV F Sport: ________

Physical Exam ________________ Personal Insurance ________________ Myers Stevens: All Both Football

Academic Clearance ________________ Last School Attended ________________ Residence Eligibility Y

W.H.#593-10 WHITE—Coach YELLOW—Trainer CARD—Athletic Director P.S.#954

Rev. 6/19/14
AUTHORIZATION FOR EMERGENCY MEDICAL CARE (WAIVER)

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

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

1. STUDENT NAME: (last)______________________________________ (first)______________________________________ (m.i.) ______
GRADE: _____
ADDRESS: ________________________ SEX: __ AGE: __ DATE OF BIRTH: ______
CITY: _______________ ZIP: ____________ PHONE: _______________ 

2. FATHER'S NAME: ________________ PHONE: ___________ CELL: __________
EMPLOYER: ____________________________ PHONE: ____________ 

3. MOTHER'S NAME: ________________ PHONE: __________ _ CELL: __________
EMPLOYER: ____________________________ PHONE: ____________ 

4. Name of person, other than parent or guardian, who is authorized to approve emergency medical treatment:

_________________________________ PHONE: ____________ 

5. FAMILY DOCTOR: __________________________ PHONE: ____________ 
HEALTH INSURANCE CO: _______________________ POLICY I.D.#: 

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

Allergies: __________________________________________________________________________
Allergies to specific medication(s): ______________________________________________________

Any previous significant medical problems: __________________________________________________

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

ATHLETIC TRANSPORTATION PERMIT

Dear Parent/Guardian:

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

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

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

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

Parent/Guardian Signature ______________________ Date ____________________

CNUSD Athletic Clearance Date: __________________________ Season: Fall Winter Spring Level: V JV F Sport: __________
Physical Exam ___________ Personal Insurance ___________ Myers Stevens: All Both Football
Academic Clearance ___________ Last School Attended ___________ Residence Eligibility Y

W.H.#593-10 WHITE—Coach YELLOW—Trainer CARD—Athletic Director P.S.#954
Rev. 6/19/14