

# CAPISTRANO UNIFIED SCHOOL DISTRICT

## PEP SQUAD CLEARANCE PACKET

The Following Forms must be completed, signed and returned to the Athletic Office. Do not give to your coach. Partial packets will not be accepted. Please make a copy for your records.

- \_\_\_\_\_ 1. CUSD Physical Screening Form (must have doctor's stamp)
- \_\_\_\_\_ 2. CUSD Athletic Code of Honor
- \_\_\_\_\_ 3. CUSD Athletic Insurance Verification and Copy of Insurance Card
- \_\_\_\_\_ 4. CUSD Sports Waiver and Release of Liability
- \_\_\_\_\_ 5. Risk of Concussion Form (English or Spanish)

### TO ALL PARENTS/GUARDIANS & STUDENTS OF CUSD:

It is our goal to provide a rewarding educational experience for your student. The Capistrano Unified School District offers voluntary participation in a wide range of interscholastic athletic teams. Participation is a privilege, not a right; therefore we strongly adhere to requirements of academic eligibility and citizenship/behavior. Our coaches are supported in their professional freedom to make coaching choices and decisions that are sport specific. *We strive to teach our student-athletes the concepts of team goals and school pride as opposed to individual honors and recognition.* We also recognize your love and concern for your child. If there is a conflict in these objectives, we are here to resolve them. Please take the time to carefully read, understand, complete, and sign where indicated on all forms contained in the packet. **THE INFORMATION IS MANDATORY AND MUST BE COMPLETELY FILLED OUT PRIOR TO ANY STUDENT'S PARTICIPATION IN ATHLETIC ACTIVITIES (INCLUDING TRY-OUTS) at CUSD High Schools.** We appreciate your support and thank you for your cooperation.

### HIGH SCHOOL ATHLETIC SPORT SEASONS

<u>FALL (AUG-NOV)</u>	<u>WINTER (NOV-FEB)</u>	<u>SPRING (FEB-MAY)</u>
CROSS COUNTRY (boys/girls)	BASKETBALL (boys/girls)	BASEBALL
FOOTBALL	SOCCER (boys/girls)	SOFTBALL
GIRLS GOLF	GIRLS WATER POLO	BOYS GOLF
GIRLS TENNIS	WRESTLING (not at SJHHS)	SWIMMING (boys/girls)
GIRLS VOLLEYBALL		BOYS TENNIS
BOYS WATER POLO		TRACK (boys/girls)
SURFING (boys/girls) Year-round		BOYS VOLLEYBALL
PEP SQUAD Year-round		LACROSSE (boys/girls)

### ELIGIBILITY REQUIREMENTS

- 1) **SCHOLASTIC:** all athletes must have passed 20 units (four classes) of new work during the previous semester. Summer school grades may be counted. A student-athlete will be placed on academic probation if his or her semester GPA falls below a 2.5. A student-athlete will be ineligible for participation if his or her GPA is below a 2.5 for two consecutive semesters.
- 2) **RESIDENTIAL:** all athletes must reside in the appropriate CUSD high school attendance area in a bona fide residence with their parents or legal guardian (s). All transfers to CUSD high schools must call that school's Athletic Director and complete appropriate paperwork.
- 3) **MEDICAL EXAMINATION:** each athlete must have a physical exam by a qualified physician (MD, DO, NP, or PA) on file prior to tryouts, practice, or competition. The physical exam is valid for one calendar year.
- 4) **INSURANCE:** all athletes must have a copy of a medical insurance card on file before participation. Meyers-Stevens Insurance is available for those that need or would like additional insurance coverage. Information is available in the Main Office of the school or by calling Myers-Stevens and Toohey at (949) 348-0656 or (800) 827-4695.

**CAPISTRANO UNIFIED SCHOOL DISTRICT  
2014-2015 PEP SQUAD CLEARANCE PACKET**

SPORTS: (fall) \_\_\_\_\_ (winter) \_\_\_\_\_ (spring) \_\_\_\_\_

Name \_\_\_\_\_ Grade in 2014-15 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Name of Father/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Name of Mother/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Insurance \_\_\_\_\_

\*\*\*I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM**

<u>Any past or present:</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Problems with vision	_____	_____	Surgeries	_____	_____
Eyeglasses	_____	_____	Dental problems	_____	_____
Contacts	_____	_____	Braces	_____	_____
Problems with hearing	_____	_____	False teeth	_____	_____
Hearing aid	_____	_____	Painful joints	_____	_____
Blacking out or fainting	_____	_____	Broken bones	_____	_____
Unconsciousness	_____	_____	Body part, date _____	_____	_____
Convulsions, seizures	_____	_____	Knee or ankle problems	_____	_____
Heart problems	_____	_____	Require support/brace	_____	_____
Rheumatic fever	_____	_____	Need for medication	_____	_____
Bleeding disorders	_____	_____	Name _____	_____	_____
Blood sugar problems	_____	_____	Menstruation problems	_____	_____
Hypoglycemia	_____	_____	Hernias	_____	_____
Diabetes	_____	_____	Asthma	_____	_____
Allergies – type _____	_____	_____	<b>OTHER HEALTH ASPECTS THE DOCTOR AND SCHOOL SHOULD BE AWARE OF:</b>	_____	_____
Bee or insect stings	_____	_____	_____	_____	_____
Hospitalizations	_____	_____	_____	_____	_____
Any history of chest pain with exercise?	_____	_____	_____	_____	_____
Any history of "racing" heart or skipped beats?	_____	_____	_____	_____	_____
Do you experience passing out, near passing out or unexpected tiredness during exercise?	_____	_____	_____	_____	_____
Any family history of sudden cardiac death in a family member under the age of 50?	_____	_____	_____	_____	_____
Any family history of Marfan's syndrome or prolonged QT syndrome?	_____	_____	_____	_____	_____
Any history of temporary numbness or paralysis of both arms and/or legs following head/spine trauma?	_____	_____	_____	_____	_____
Any history of recent severe viral illness, infectious mononucleosis, or hepatitis?	_____	_____	_____	_____	_____
Any history of the following: absence of one kidney?	_____	_____	_____	_____	_____
males: absence of one testicle?	_____	_____	_____	_____	_____
Any history of blindness in one eye?	_____	_____	_____	_____	_____
Any current active skin infection?	_____	_____	_____	_____	_____

PHYSICAL EXAM: DATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 PULSE: RESTING \_\_\_\_\_ AFTER ACTIVITY \_\_\_\_\_ B.P. \_\_\_\_\_

EYES	_____	THROAT	_____	ABDOMEN	_____	ORTHOPEDIC	_____
EARS	_____	LYMPH GLANDS	_____	HERNIA	_____	SKIN	_____
TEETH	_____	THYROID	_____	POSTURE	_____	OTHER	_____
BRACES	_____	HEART	_____	MUSCLE TONE	_____		
NOSE	_____	LUNGS	_____	REFLEXES	_____		

Special doctor recommendations or restrictions \_\_\_\_\_  
**I have examined the above student and do recommend that he/she is physically fit for full participation in sports.**  
*(Must be signed by a PHYSICIAN, PHYSICIAN'S ASSISTANT, or NURSE PRACTITIONER.)*

Name of physician \_\_\_\_\_ MD/DO/PA/NP Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone \_\_\_\_\_

\*\*Physician's Office Stamp\*

**CAPISTRANO UNIFIED SCHOOL DISTRICT**

**ATHLETIC CODE OF HONOR**

The goal of athletic participation is to provide a rewarding educational and co-curricular experience for all students. All participants must commit to exemplary conduct and behavior as a representative of the school, District, and community.

As a participant in Capistrano Unified School District athletics, I agree to the following:

1. To recognize that participation in athletics is a privilege and not a right; as such, the privilege may be revoked if the student-athlete does not abide by the Athletic Code and follow school and District policies.
2. To meet the minimum academic requirements established by the Board of Trustees of the Capistrano Unified School District and California Interscholastic Federation (CIF) for eligibility. (see Board Policy 6145)
3. To recognize that student athletes have a primary responsibility to attend and pass their classes.
4. To recognize that interscholastic athletic competition must demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. Participants agree to commit to the six pillars of character found in the District/CIF "Pursuing Victory with Honor" sportsmanship code: trustworthiness, respect, responsibility, fairness, caring, and citizenship.
5. *To recognize that suspension for offenses to Education Code 48900 will result in competition ineligibility during the time of suspension. Specifically, students will not use or possess alcoholic beverages, drugs, drug paraphernalia or narcotics. Students will not use or possess androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (as mandated by CIF Bylaw 524).*
6. To remain as a team member throughout the season of the sport. An athlete who quits or leaves a team after CVAA League play begins cannot go out for another sport or transfer into another athletic class until his/her original season has ended. An athlete who quits or leaves a team during the pre-league season can go on to another sport with approval of both head coaches and athletic director.
7. To recognize that an athlete cannot compete in two sports during the same season without the prior approval of both head coaches and athletic director.
8. To recognize that specific standards of behavior and appropriate consequences may be set by the head coach of each individual sport. Sport specific codes must be in written form, signed, and on file with the athletic director.
9. To recognize that athletes are financially responsible for uniforms and equipment issued to them and must pay for items not turned in at the end of the season. Athletes failing to return school-issued equipment will not be permitted to receive equipment, awards, or participate in another sport until all equipment debts are satisfied. All equipment is to be turned in to the person who collects equipment no later than seven (7) school days after the end of the season.

Any violation of the rules and standards may result in suspension from athletics for the remainder of the season of the sport in which the athlete is currently participating. A violation to Item 5 above will result in a loss of all privileges and suspension from athletics, activities, or events for 90 school days, and the athlete will be removed from the athletic period during this suspension. A violation of item 5 above may result in a recommendation for expulsion from CUSD.

Students, parents/guardians, and community members within the District who have a complaint or disagreement about a district issue, situation, or employee decision or action and seeking a specific redress are asked to follow Board Policy 1312.1 (Complaint Policy) in order to have the complaint, grievance, or difference of opinion addressed in an orderly manner.

I have read and fully understand the above regulations. I realize that failure to comply with any of these rules will result in immediate action by my coach, Athletic Director, or school authority.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CAPISTRANO UNIFIED SCHOOL DISTRICT  
ATHLETIC INSURANCE VERIFICATION**

Education Code Section 32221.5. Under state law, school districts are required to ensure that all members of school athletic teams have accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: 1(877)543-7669 or 1(800)880-5305. If you have at least \$1500, accidental bodily injury insurance, please fill out ITEM 1 below (medical card required). If you do not have accidentally bodily injury benefits for your son, daughter, or ward, please fill out ITEM 2 below.

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ITEM 1 The athlete has accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits.

\_\_\_\_\_  
ATHLETE'S NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

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**PROOF OF INSURANCE IS REQUIRED  
(PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD HERE)**

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ITEM 2 The athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVENSON & TOOHEY APPLICATION and mail directly to Myers-Stevens & Toohey & Co. Inc.

\_\_\_\_\_  
ATHLETE'S NAME

INTERSHOLASTIC  
TACKLE FOOTBALL  
9-12 GRADES

**(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)**

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FULLTIME (24/7)  
SCHOOL TIME ACCIDENT PLAN  
(BOTH PLANS COVER ALL INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL)

DENTAL PLANS

**(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)**

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*We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested.  
(Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CAPISTRANO UNIFIED SCHOOL DISTRICT**  
**CHEERLEADING WAIVER AND RELEASE OF LIABILITY**

(hereinafter "Student") and

\_\_\_\_\_ Student's parents ("Parents/Guardians") acknowledge and agree that they must assess the risks involved in the participation in competitive cheerleading activities and make the choice to participate in spite of potential risk of serious, catastrophic, and perhaps fatal consequences. Student and Parents/Guardians, acknowledge and agree that no amount of instruction, precaution or supervision will totally eliminate the risk of injury or of adverse medical consequences to Student. Participation in cheerleading is inherently dangerous and may be severely impacted by Student's existing medical conditions.

By granting permission to Student to participate in cheerleading competition, Parents/Guardians acknowledge that playing or practicing cheerleading can be a dangerous activity involving many risks of injury. Both the Student and Parents/Guardians understand and agree that the dangers and risk of performing or practicing to perform include, but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and the potential impairment of other aspects of the body, general health and well being.

Student and Parents/Guardians acknowledge and agree that they have been warned and cautioned against to the participation of Student in such activities. Nevertheless, in order to facilitate participation of Student in such activity, Student and Parents/Guardians, agree that if Student does engage in school sponsored cheerleading activity including, without limitation, practice, conditioning, cheerleading competition, games, or use of school facilities, Student and Parents/Guardians do so at their own risk.

Student and Parents/Guardians agree that Student is voluntarily participating in these activities and using school facilities and premises and assumes all risk of injury, illness, damage or loss that might result, including, without limitation, injury, illness, or death. Student and Parents/Guardians agree on behalf of themselves (and their personal representatives, heirs, executors, administrators, agents and assigns (collectively "CUSD")) to release and discharge the Capistrano Unified School District, its employees, agents, representatives, coaches, assistant coaches, officials, successors and assigns, from any and all claims or causes of action (known or unknown) arising out of participation of Student in such activities and/or the negligence of CUSD. This Waiver and Release of Liability includes, without limitation, injuries which may occur as a result of Student's participation in any of the activities associated with cheerleading competition in practice or negligent instruction or supervision of Student.

You acknowledge that you have completely read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring legal action or assert a claim against CUSD by reason of the participation of Student in cheerleading activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

# HEADS\*UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

### What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports *one* or *more* symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Reported by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not "feeling right" or is "feeling down"</li> </ul>

### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

**If you think your teen has a concussion:**  
Don't assess it yourself. Take him/her out of play.  
Seek the advice of a health care professional.



**It's better to miss one game than the whole season.**

For more information and to order additional materials free-of-charge, visit: [www.cdc.gov/concussion](http://www.cdc.gov/concussion).



We acknowledge that per California state law (AB25), athletes sustaining a concussion/head injury in an athletic activity outside of the regular school day must be immediately removed from the activity. The student shall not return to the activity until evaluated by a licensed healthcare provider. A written clearance from the provider is needed for the student to return to activity. Please contact your school if you need further information.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To learn more about concussion/head injury:

UC Irvine Healthcare [http://www.healthcare.uci.edu/sports\\_concussion/index.asp](http://www.healthcare.uci.edu/sports_concussion/index.asp)  
California Interscholastic Federation <http://www.cifstate.org/index.php/the-latest-news/concussions>  
American Academy of Pediatrics <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/3/597>

# ATENCIÓN\*

HOJA INFORMATIVA PARA **LOS PADRES**

## CONMOCIONES CEREBRALES EN LOS DEPORTES DE LA ESCUELA SECUNDARIA

### ¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión en el cerebro causada por un golpe o una sacudida en la cabeza o el cuerpo. Incluso un golpeo, un zumbido en la cabeza, o lo que parece ser un golpe o una sacudida leve puede ser algo grave.

### ¿Cuáles son los signos y síntomas?

La conmoción cerebral no se puede ver. Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta después de días de ocurrida la lesión. Si su hijo adolescente le informa sobre *algún* síntoma de conmoción cerebral de los especificados a continuación, o si usted nota los signos, no permita que su hijo juegue y busque atención médica de inmediato.

Signos que se notan los padres o tutores	Síntomas que reporta el atleta
<ul style="list-style-type: none"> <li>El atleta hace aturrido o desorientado</li> <li>Está confundido en cuanto a su posición o lo que debe hacer</li> <li>Olvídate las instrucciones</li> <li>No se muestra seguro del juego, de la puntuación ni de sus adversarios</li> <li>Se mueve con torpeza</li> <li>Responde a las preguntas con lentitud</li> <li>Pierde el conocimiento (aunque sea por poco tiempo)</li> <li>Muestra cambios de humor, conducta o personalidad</li> <li>No puede recordar lo ocurrido antes o después de un golpe o una caída</li> </ul>	<ul style="list-style-type: none"> <li>Dolor de cabeza o "presión" en la cabeza</li> <li>Náuseas o vómitos</li> <li>Problemas de equilibrio o mareo</li> <li>Visión borrosa o doble</li> <li>Sensibilidad a la luz y al ruido</li> <li>Debilidad, confusión, aturdimiento o estado groggy</li> <li>Problemas de concentración o de memoria</li> <li>Confusión</li> <li>No se "siente bien" o se siente "desganado"</li> </ul>

### ¿Cómo puede ayudar a su hijo adolescente para que evite una conmoción cerebral?

Cada deporte es diferente, pero hay una serie de medidas que su hijo puede tomar para protegerse de las conmociones cerebrales.

- Asegúrese de que use el equipo de protección adecuado para la actividad. El equipo debe ajustarse bien y estar en buen estado, y el jugador debe usarlo correctamente y en todo momento.
- Controle que siga las reglas que imparta el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.

### ¿Qué debe hacer si cree que su hijo adolescente ha sufrido una conmoción cerebral?

1. No permita que su hijo siga jugando. Si su hijo sufre una conmoción cerebral, su cerebro necesitará tiempo para sanarse.

No permita que su hijo regrese a jugar el día de la lesión y espere a que un profesional de la salud, con experiencia en la evaluación de conmociones cerebrales, indique que ya no presenta síntomas y que puede volver a jugar. Una nueva conmoción cerebral que ocurra antes de que el cerebro se recupere de la primera, generalmente en un periodo corto (horas, días o semanas), puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo. En casos poco frecuentes, las conmociones cerebrales repetidas pueden causar edema (inflamación del cerebro), daño cerebral permanente y hasta la muerte.

2. Busque atención médica de inmediato. Un profesional de la salud con experiencia en la evaluación de las conmociones cerebrales podrá determinar la gravedad de la conmoción cerebral que ha sufrido su hijo adolescente y cuándo podrá volver a jugar sin riesgo alguno.

3. Enséñele a su hijo que no es sensato jugar con una conmoción cerebral. Descansar es fundamental después de una conmoción cerebral. Algunas veces los atletas creen equivocadamente que jugar lesionado es una demostración de fortaleza y coraje. Convenza a los demás de que no deben presionar a los atletas lesionados para que jueguen. No deje que su hijo adolescente lo convenza de que está "bien".

4. Avísele a todos los entrenadores de su hijo y a la enfermera de la escuela sobre cualquier conmoción cerebral. Los entrenadores, las enfermeras escolares y otros miembros del personal de la escuela deben saber si su hijo adolescente alguna vez tuvo una conmoción cerebral. Su hijo debe limitar sus actividades mientras se recupera de una conmoción cerebral. Ciertas actividades como estudiar, manejar, trabajar en la computadora, jugar video juegos o hacer ejercicio pueden provocar que los síntomas de una conmoción cerebral vuelvan a aparecer o empeoren. Hable con su proveedor de atención médica y también con los entrenadores, las enfermeras de la escuela y los profesores de su hijo adolescente. De ser necesario, estas personas pueden colaborar en la adaptación de las actividades de su hijo durante su recuperación.

Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

### Es preferible perderse un juego que toda la temporada.

Para obtener más información y solicitar más materiales de forma gratuita, visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

Entendemos que de acuerdo a la Ley del Estado de California (AB25), los atletas que sufrieran una conmoción cerebral en una actividad de atletismo fuera de la escuela deberán inmediatamente ser removidos de esa actividad. El estudiante no regresará a sus actividades regulares hasta no ser evaluado por un licenciado o profesional en salud. Una nota por escrito especificando que el estudiante puede retomar sus actividades regulares es indispensable para poder regresar a ellas. Para mayor información, por favor comuníquese con la escuela.

Firma del Estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del Padre o Aporado: \_\_\_\_\_ Fecha: \_\_\_\_\_

Para mayor información ir a los siguientes portales:

- UC Irvine Healthcare [http://www.healthcare.ucl.edu/sports\\_concussion/index.asp](http://www.healthcare.ucl.edu/sports_concussion/index.asp)
- California Interscholastic Federation <http://www.cifstate.org/index.php/the-latest-news/concussions>
- American Academy of Pediatrics <http://aapolicy.aapublications.org/cal/content/full/pediatrics.136/3/597>