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## **STUDENT ATHLETIC ELIGIBILITY PACKET**

Students must have entire **Student Athletic Eligibility Packet** completed in order to **begin practice and remain on a Sport Team**.

### **Physical Examination Form:**

- Must be completed by an Medical Doctor
- Must have date, signature and stamp from doctors office

### **Parent/Guardian and Student**

- Student Athletic Eligibility packet must be completed by Parent/Guardian and Student
- Please sign, date and complete each and every form

**Every student must have Health Insurance to participate in a sport team at BCCHS**

- If you do not have health insurance you may purchase Student Athletic Insurance from: [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)
- Print out confirmation of Student Athletic Insurance purchase and submit to nurse with completed packet.

|   |        |                    |          |               |                          |       |
|---|--------|--------------------|----------|---------------|--------------------------|-------|
| Name  |        |                    |          | Date of Birth |                          |       |
| Address                                     |        |                    |          | Grade         |                          | Track |
| School Last Fall                            |        | School Last Spring |          |               | Date Entered Ninth Grade |       |
| I am participating in the following sports: | Fall 1 | Nurse              | Winter 1 | Nurse         | Spring 1                 | Nurse |
|   | Fall 2 | Nurse              | Winter 2 | Nurse         | Spring 2                 | Nurse |



**CIF LOS ANGELES CITY SECTION  
BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL**

**ATHLETE'S ELIGIBILITY INFORMATION AND PARENT'S CONSENT  
TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS**

Current School Year  
2015/2016

As a member of a high school team you have many responsibilities. Among them is remaining eligible or reporting your ineligibility immediately should it occur. The Rules and Regulations Governing Interscholastic Athletics states, "If a school plays an ineligible student, knowingly or unknowingly, in any athletic contest involving team sports - all contests in which the student participated must be forfeited; In individual sports - only the points which the student won must be forfeited." Summarized below are the eligibility rules which you must observe:

1. Only students who are amateurs may participate in athletic contests.
2. Students on high school teams become ineligible if they play on "outside" teams, in the same sport, during their high school season of the sport.
3. For the purpose of this rule, outside competition is prohibited from the opening contest (scrimmage) until the final contest of that sport (league, playoff, or state competition) in which that school is involved, both dates inclusive. The prohibition on playing on outside teams applies to school holidays and vacation periods which occur during the season of the sport.
4. To be eligible for an athletic contest a student must be in attendance at school for at least two class hours on the day of the contest exclusive of the lunch hour and the athletic period. A student who is currently enrolled in at least 20 semester periods of work and passed in at least 20 semester periods of work at the completion of the last regular school marking period is scholastically eligible until the completion of the current regular school marking period.
5. The legal residence of a student who represents a high school in athletics must have been in the high school district of that school when registering as an entering student. Any student who registers in a school other than the one in whose district the student legally resides is ineligible to represent that school in athletics unless attending on a permit which carries athletic privileges or on a Statement of Residence. If a Statement of Residence is on file, a student is ineligible to compete in athletics until 20 weeks of attendance have been completed in the new school.
6. Students who knowingly fail to provide complete and accurate information regarding eligibility to participate in athletics shall be declared ineligible to represent their school in any sport for up to twenty four months following the date of the discovery of the offense.
7. When a bus is furnished to transport athletic teams to contests, only those participants traveling by bus will be eligible to compete. Students assigned to bus travel must return by bus.

Both the applicant student and a parent or guardian must read carefully and sign. If there are any questions, contact the Athletic Director (818) 758- 5259 or the Administrator in Charge of Athletics at (818) 758 - 5200.

**PLEASE SIGN THE FOLLOWING AFFIRMATION:** I am aware of my responsibilities and the regulations governing my participation in connection with the Interscholastic Athletic program. I will so govern myself that my association with the program will bring honor to it and my school, and I shall expect to be asked to withdraw from the activity in case I fail to do so. I agree to withdraw from the activity if requested to do so. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my being declared ineligible.

Student-Athlete Signature

Date

**PLEASE SIGN THE FOLLOWING AFFIRMATION:** I hereby grant permission for the above named student - athlete to participate in interscholastic baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track and field, volleyball, wrestling, cheer, dance team, drill team, and marching band including travel to and from athletic contests at other schools or locations. I have read and understand the above requirements. Any attempt to circumvent the above rules will result in my student-athlete being declared ineligible.

Parent Signature

Date

**ATHLETIC INSURANCE CERTIFICATE**

The governing board of each school district of any kind or class shall provide insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least five thousand dollars (\$5000) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code, for injury to members of athletic teams arising while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other places of instruction and the place of the athletic event. *Calif. Ed. Code, Vol 1, Part 19, Chapter 2, Article 3, Section 32221 (pgs. 1004, 1005, 1006). Revised 1979. Amended 1980.* Five thousand dollars (\$5000) insurance protection for medical and hospital expenses resulting from accidental bodily injuries must be provided for each member of an athletic team by the student or his/her parents or guardians through group, blanket policies, etc., or through the insurance carrier for the District. I certify that this student has at least five thousand dollars (\$5000) protection for medical and hospital expenses with

Name of Insurance Carrier (A valid copy of the Insurance Card must be attached to this form.)

Policy or Group Number

I cover injuries incurred while participating in, practicing for, or traveling to and from extramural contests. I understand that the insurance requirement may be met by purchase of school District approved insurance coverage. I have read and understand the rules above. I hereby grant permission for my son/daughter to participate in Interscholastic athletics under these rules.

Parent Signature

Date

Name

Date of Birth

Attach a valid copy of your Insurance Card Here

## ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT, ATHLETIC PARTICIPATION CODE OF CONDUCT, AND STEROID PROHIBITION FOR INTERSCHOLASTIC STUDENT-ATHLETES

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

### TRUSTWORTHINESS

*Trustworthiness* - be worthy of trust in all I do.

*Integrity* - live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.

*Honesty* - live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike act.

*Reliability* - fulfill commitments; do what I say I will do; be on time to practices and games.

*Loyalty* - be loyal to my school and team; put the team above personal glory.

### CARING

*Concern for others* - demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.

*Teammates* - help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

### CITIZENSHIP

*Play by the Rules* - maintain a thorough knowledge of and abide by all applicable game and competition rules.

*Spirit of Rules* - honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

### RESPONSIBILITY

*Importance of Education* - be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.

*Role-Modeling* - Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

*Suspension or termination of the participation privilege is within the sole discretion of the school administration.*

*Self-Control* - exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.

*Healthy Lifestyle* - safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

*Integrity of the Game* - protect the integrity of the game; don't gamble. Play the game according to the rules.



### FAIRNESS

*Be Fair* - live up to high standards of fair play; be open-minded; always be willing to listen and learn.

### RESPECT

*Respect* - treat all people with respect all the time and require the same of other student-athletes.

*Class* - live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.

*Disrespectful Conduct* - don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

*Respect Officials* - treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic contest.

### CIF BYLAW 524 / STEROID PROHIBITION

By signing below, both the participating student-athlete and their parent(s) or legal guardian(s) / caregiver(s) hereby agree that the student shall not use androgenic / anabolic steroids without the written prescription of a fully licensed physician (as recognized by the American Medical Association (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 CIF Los Angeles City Section policy regarding the use of illegal drugs will be enforced for any violations of these rules.

### ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION

We are aware that play/participation in any sport can be a dangerous activity involving many risks of injury. We understand that the risks and dangers include, but are not limited to, death or paralysis, brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. We understand that the dangers and risks of participating in sport(s) also include the high cost of medical care and impairment of the athlete's future ability to earn a living, and engage in other business, social, and recreational activities. Recognizing these risks, we consent to the participation of the above named student-athlete in any sport of participation at Birmingham Community Charter High School.

Because of the dangers of participating in interscholastic sports, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, as well as obeying such instructions. I have read and understand the requirements of this Code of Conduct, I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Student-Athlete Signature

Date

Parent Signature

Date

# PHYSICAL EXAMINATION FOR INTERSCHOLASTIC ATHLETICS

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )

Vision: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

## EMERGENCY INFORMATION

Allergies/Other: \_\_\_\_\_

|                        | Normal | Abnormal Findings | Initials* |
|------------------------|--------|-------------------|-----------|
| <b>MEDICAL</b>         |        |                   |           |
| Appearance             |        |                   |           |
| Eyes/Ears/Nose/Throat  |        |                   |           |
| Lymph Nodes            |        |                   |           |
| Heart                  |        |                   |           |
| Pulses                 |        |                   |           |
| Lungs                  |        |                   |           |
| Abdomen                |        |                   |           |
| Genitalia (males only) |        |                   |           |
| Skin                   |        |                   |           |
| <b>MUSCULOSKELETAL</b> |        |                   |           |
| Neck                   |        |                   |           |
| Back                   |        |                   |           |
| Shoulder/arm           |        |                   |           |
| Elbow/forearm          |        |                   |           |
| Wrist/hand             |        |                   |           |
| Hip/thigh              |        |                   |           |
| Knee                   |        |                   |           |
| Leg/ankle              |        |                   |           |
| Foot                   |        |                   |           |

Date of last Tdap booster: \_\_\_\_\_ Varicella Documentation: \_\_\_\_\_

## CLEARANCE

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

Not cleared for:  All Sports  Certain Sports: \_\_\_\_\_

Name of Physician/Provider: (print/type/stamp) \_\_\_\_\_ ( MD, DO, NP or PA )

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician/Provider: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**THIS EXAM MUST HAVE A STAMP, SIGNATURE, AND DATE OF EXAM**

# Preparticipation Physical Evaluation

HISTORY FORM

DATE OF EXAM \_\_\_\_\_

|                                |                    |                 |                     |
|--------------------------------|--------------------|-----------------|---------------------|
| Name _____                     | Sex _____          | Age _____       | Date of birth _____ |
| Grade _____                    | School _____       | Sport(s) _____  |                     |
| Address _____                  | Phone _____        |                 |                     |
| 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.

|   | 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) medications 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 any 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  | <input type="checkbox"/> | A heart murmur           | 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> High cholesterol   | <input type="checkbox"/> | A heart infection        | 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)   | <input type="checkbox"/> |                          | 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"/> |  |
| 11. Has anyone in your family died for no apparent reason?  | <input type="checkbox"/> |                          | 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 12. Does anyone in your family have a heart problem?  | <input type="checkbox"/> |                          | 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <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"/> |                          | 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"/> |  |
| 14. Does anyone in your family have Marfan syndrome?  | <input type="checkbox"/> |                          | 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 15. Have you ever spent the night in a hospital?  | <input type="checkbox"/> |                          | 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 16. Have you ever had surgery?  | <input type="checkbox"/> |                          | 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <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"/> |                          | 42. Are you happy with your weight?  | <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"/> |                          | 43. Are you trying to gain or lose weight?   | <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"/> | 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 20. Have you ever had a stress fracture?  | <input type="checkbox"/> | <input type="checkbox"/> | 45. Do you limit or carefully control what you eat?  | <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"/> | 46. Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 22. Do you regularly use a brace or assistive device?   | <input type="checkbox"/> | <input type="checkbox"/> | <b>FEMALES ONLY</b>  |                          |                          |  |
| 23. Has a doctor ever told you that you have asthma or allergies?   | <input type="checkbox"/> | <input type="checkbox"/> | 47. Have you ever had a menstrual period?  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Explain "Yes" answers here:   |                          |                          |  |                          |                          |  |
| <hr/> <hr/> <hr/> <hr/>   |                          |                          |  |                          |                          |  |

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



## CIF LOS ANGELES CITY SECTION

### CIF BYLAW 524/STEROID PROHIBITION USE FORM

Print Name of Student-Athlete

Birthdate

**Birmingham Charter HS**

School

**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 CIF Los Angeles City Section/Los Angeles Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.**

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

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

\_\_\_\_\_  
**Signature of Parent/Caregiver**

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

**This Form must be part of the Athlete's packet**

## SECCIÓN DE LA CIUDAD DE LOS ÁNGELES DE LA CIF

### ESTATUTO 524 DE LA CIF\* SOBRE LA PROHIBICIÓN DEL USO DE LOS ESTEROIDES

Nombre y apellido del alumno/atlético con letra de molde \_\_\_\_\_ Birmingham Charter High School  
Fecha de nacimiento \_\_\_\_\_ Escuela \_\_\_\_\_

**Como condición previa para pertenecer a la CIF\*, todas las escuelas deberán adoptar reglas que prohíban el uso y el abuso de los esteroides androgénicos y anabólicos. Todas las escuelas que integren esta entidad deberán exigir que los alumnos participantes y sus padres, tutores legales u otra persona encargada del menor acepten que el atleta no utilizará esteroides sin receta de un médico plenamente acreditado (reconocido por la AMA\*) con el fin de tratar una afección médica (Estatuto 524).**

Al firmar abajo, tanto el alumno atleta como los padres, el tutor legal u otra persona encargada del menor acuerdan por la presente que el alumno no utilizará esteroides androgénicos ni anabólicos sin receta escrita de un médico plenamente acreditado (reconocido por la AMA) con el fin de tratar una afección médica. Reconocemos también que, conforme al Estatuto 200.D de la CIF, se podrían imponer sanciones por proporcionar información falsa o fraudulenta. Asimismo, comprendemos que las reglas de la Sección de la Ciudad de Los Ángeles de la CIF y del Distrito Escolar Unificado de Los Ángeles con respecto al uso de las drogas ilícitas se harán cumplir en el caso de cualquier violación de dichas reglas.

Firma del atleta \_\_\_\_\_

Fecha \_\_\_\_\_

Firma del parent, la madre u otra persona encargada del menor \_\_\_\_\_

Fecha \_\_\_\_\_

\*CIF (Federación Interescolástica de California, por sus siglas en inglés)

\*AMA (Asociación de Médicos de los Estados Unidos, por sus siglas en inglés)

**This Form must be part of the Athlete's packet**

# BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL

## Concussion Information Sheet

### What can happen if my child keeps on playing with a concussion or returns to 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 adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### 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 medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

**"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 and for the remainder of the day."**

**and**

**"A student-athlete who has been removed 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 received written clearance to return to play from that health care provider".**

You should also inform your child's coach if you think that your child may have a concussion. Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports/>

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Student-athlete Name Printed

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Student-athlete Signature

---

Date

---

Parent or Legal Guardian Printed

---

Parent or Legal Guardian Signature

---

Date

## BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL

### Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

#### Symptoms may include one or more of the following:

|  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• "Don't feel right"</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

#### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

# Keep Their Heart in the Game

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

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

### Potential Indicators That SCA May Occur

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

### Factors That Increase the Risk of SCA

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

### What is CIF doing to help protect student-athletes?

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

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

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

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

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

National Federation of High Schools  
(20-minute training video)  
<https://nfhsslearn.com/courses/61032>



# Keep Their Heart in the Game

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

### What is sudden cardiac arrest?

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

#### How common is sudden cardiac arrest in the United States?

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

#### Who is at risk for sudden cardiac arrest?

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

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

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

**FAINTING  
IS THE  
#1 SYMPTOM  
OF A HEART CONDITION**

### The Cardiac Chain of Survival

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

#### Early Recognition of Sudden Cardiac Arrest



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

#### Early Access to 9-1-1



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

#### Early CPR



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

#### Early Defibrillation



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

#### Early Advanced Care

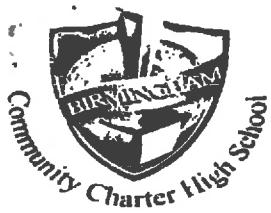


Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

### What is an AED?

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





## BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL ATHLETIC RULES

In order for you to be allowed to participate in Birmingham Athletics, you the parent /guardian and student must agree to the following:

### PARENT & STUDENT

1. Parent/Guardian and Student will follow all of the coach's rules and attend the coach's preseason meeting .

### STUDENT

1. The student must attend and stay for all practices and games unless you have a verified illness.
2. The student must attend school on the day of all games or meets.
3. The student must go to away games or meets on the bus provided and return on the bus.
4. The student must have the nurse's clearance in order to practice and play.
5. The student must not quit the team or he/she will not be eligible to play in another sport for one year. You may have a chance to appeal this.
6. The student must maintain at least a 2.0 GPA and mostly get "e's" in cooperation and work habits.
7. The student will not participate in an outside league in their sport from their first game until their last play-off game.
8. The student must return all Birmingham uniforms and equipment, and will not be eligible for another sport until this has been done. If the student is a Senior, all uniforms and equipment must be returned at least 2 weeks before graduation at or the student will not walk on the stage for graduation.
9. The student will not participate in any hazing incidents and will report to the coach any knowledge He/she has of such instances.

### PARENT

1. The parent/guardian must not discuss their child's playing time with the coach.
2. Parent/guardian may not talk to the coach on the day of a game or meet (before or after the event).
3. Parent/Guardian only positive cheering toward the team or coach during a game or match.

-----TEAR OFF-----

I agree to the above rules:

---

Parent Name (Print)

---

Parent Signature

---

Student Name (Print)

---

Student Signature

---

Sport

## REGLAS ATLÉTICAS

Para que pueda participar en los deportes de la escuela, usted el parente/tutor y el estudiante tendrán que estar de acuerdo con lo siguiente:

### **PADRE Y ESTUDIANTE**

1. Padre/Tutor y Estudiante seguirán todas las reglas establecidas por el entrenador y asistirán a la junta dirigida por el entrador antes de la temporada deportiva.

### **ESTUDIANTE**

1. El estudiante tiene que asistir y quedarse a todas las prácticas y partidos a no ser que tenga una enfermedad verificada.
2. El estudiante tiene que asistir a la escuela en los días cuando hayan partidos o juntas deportivas.
3. El estudiante tiene que viajar a los partidos o juntas deportivas fuera de la escuela por el bus proveído y regresarse por el mismo.
4. El estudiante tiene que tener la autorización de la enfermera de la escuela para participar en prácticas y partidos.
5. El estudiante no podrá abandonar el equipo o no será elegible para jugar otro deporte por un año. Es posible que tenga la oportunidad de apelar esta decisión.
6. El estudiante tiene que mantener un promedio de por lo menos 2.0 y obtener mayormente "E's" en Comportamiento y Hábitos de Trabajo.
7. El estudiante no participará en una liga deportiva fuera de la escuela en el mismo deporte desde el primer partido hasta el último partido.
8. El estudiante debe regresar todo los uniformes y equipo de Birmingham, y No será elegible para otro deporte hasta que esto se ha hecho. Si este es el ultimo año de secundaria para el estudiante, todos los uniformes y equipo deben de ser devueltos dos semanas antes de la graduación o el estudiante no camina en el escenario para la graduación.
9. El estudiante no participará en ningún incidente de novatadas y presentará al entrenador cualquier conocimiento que él/ella tenga de estos casos.

### **PADRE**

1. El parente/tutor no deberá discutir la cantidad de tiempo que juega su hijo/a en los partidos con el entrenador.
2. El parente/tutor no deberá hablar con el entrenador el día del juego o junta deportiva (antes o después del evento).
3. El parente/tutor deberá expresar porras y aplausos positivos hacia el equipo o entrenador durante los partidos.

-----CORTE AQUÍ-----

Estoy de acuerdo con los reglamentos mencionados arriba:

Nombre del Padre/Tutor (Letra de molde)

Firma del Padre/Tutor

Nombre del Estudiante (Letra de molde)

Firma del Estudiante

Deporte

## **Sudden Cardiac Arrest (SCA) in Student-Athletes**

### ***What Is Sudden Cardiac Arrest?***

Sudden Cardiac Arrest (SCA) is not a heart attack. It's an abnormality in the heart's electrical system that abruptly stops the heartbeat. It's caused by an undetected congenital or genetic heart condition.

### ***First Symptom May Be Death***

**Possible Warning Signs:** Unexplained fainting, shortness of breath, lightheadedness, chest pain, heart palpitations, family history of SCA or unexplained sudden death under the age of 50.

### ***1 Youth Athlete Dies Every 3 Days in the United States***

SCA is 60% more likely to occur during exercise or sports activity, so athletes are at greater risk. SCA is also the leading cause of death on school campuses.

### ***Time Critical***

If not properly treated within minutes, SCA is fatal in 92% of cases.

### ***Are there warning signs?***

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

## BIRMINGHAM STUDENT ATHLETIC INSURANCE

1. Go to [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com).
2. For football go to High School Football. For all other sports go to At school
3. Press enroll now
4. Use next school year, starting in fall
5. School name – Birmingham
6. State – California
7. Press continue and fill out forms

Football rates vary from \$88.00 to \$168.00. All other sports rates vary from \$11.00 to \$104.00

## HEALTH CLINICS

**Listed below are some Health Clinics where you can obtain your physical.**

**Columbus School Based Clinic**

Located at Columbus Middle School

22250 Elkwood Street

Canoga Park, CA 91304

Phone: 818 702-1250, Must make an appt.-FREE

**Telfair PTA Health Ctr**

10911 Telfair Ave

Pacoima, CA

818 899-6113 –FREE

Call for appointment

**Family Urgent Care**

16661 Ventura Blvd

Encino, Ca 91436

Phone: 818 808-2828

\$35

**Kennedy High School Based Clinic**

11254 Gothic Rm S104

Granada Hills, CA 91344

Phone: 818 301-6346 Must make an apt--FREE

**Valley Urgent Care**

9346 Corbin Ave

Northridge, CA

818 349-9966

\$30

**West Oaks Urgent Care**

20181 Saticoy St.

Winnetka CA 91306

818 709-5700

\$20.00

**Valley Family Medicine Urgent Care**

7601 Canby Ave, Suite 6A

Reseda, CA 91335

818 774-0955

\$20

**Nordhoff Medical Clinic**

15424 Nordhoff St

North Hills, CA 91343

818-891-5500—Must make an appt.-FREE

**Prices checked 08/2015**

**Enroll online for quicker service [www.StudentInsurance-kk.com](http://www.StudentInsurance-kk.com), or complete and mail this form**  
**Enrollment Form (School Year 2015-2016)**

Student's Last Name: \_\_\_\_\_  
 Student's First Name: \_\_\_\_\_  
 Student's Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of School District (required): \_\_\_\_\_  
 Name of School: \_\_\_\_\_  
 Grade Level:  Pre-K/Headstart  Kindergarten/Elementary  Middle School  High School/Above  
 Signature of Parent or Guardian: \_\_\_\_\_  
 Date: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Student Insurance --- Check Your Selection:**

**Accident Only Coverage Plans**

24-HOUR with Extended Dental

Low Option

\$62.00

High Option

\$104.00

24-HOUR without Extended Dental

\$55.00

\$97.00

Summer Only 24-HOUR with Extended Dental

\$20.50

\$31.00

Summer Only 24-HOUR without Extended Dental

\$13.50

\$24.00

AT-SCHOOL with Extended Dental

\$18.00

\$28.00

AT-SCHOOL without Extended Dental

\$11.00

\$19.00

**HIGH SCHOOL FOOTBALL COVERAGE**

with Extended Dental

\$95.00

\$168.00

without Extended Dental

\$88.00

\$161.00

\*For New Players

\$42.00

\$71.00

\*Spring Football with Extended Dental

\$35.00

\$64.00

**COMPANY USE ONLY**

Check No. \_\_\_\_\_

Enclose check for total payment payable to:  
 Nationwide Life Insurance Company.

Amount Received \_\_\_\_\_

Date Received \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_

Complete this section only if you wish to pay with a Credit Card

1742 (LAUSD\_03/15)

Full Name on Card:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Billing Address (if different than above)

Street #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt #: \_\_\_\_\_

Card Number:

Expiration Date: Month:   Year:

Cardholder signature: \_\_\_\_\_

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)

1742 (LAUSD\_03/15)

## Enroll online at:

[www.StudentInsurance-kk.com](http://www.StudentInsurance-kk.com), or by mail

1. Complete and detach the enrollment form.
2. Make check or money order payable to Nationwide Life Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Insert check, credit card information or money order in the attached envelope.
5. Mail envelope to: K&K Insurance Group,  
P.O. Box 2338  
Fort Wayne, IN 46801-2338
6. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
7. Keep this brochure for future reference. Individual policies will not be sent to you.

## Facts about the Policy

1. WHO IS ELIGIBLE: students of the policyholder who make the required premium contribution for the coverage selected are eligible. Student status continues after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy on file with the school district is a non-renewable policy.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: A person's coverage takes effect at the later of the date his or her completed application and premium is received by the company or the effective date of the policy issued to his or her school or school district.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year.  
All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible.  
Termination of coverage for any reason will not affect a claim which occurs before coverage ends.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year.
7. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
8. STUDENT TRANSFER: The policy continues to be in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.

## Administered by:

K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338

## Accident Only Definitions:

Injury A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

Cut out card and retain for your records

### Student Insurance Card

Student's Name \_\_\_\_\_  
If premium has been paid, the student whose name appears  
above has been insured under a Policy issued to:

School District: \_\_\_\_\_  
Accident Only Coverage:  24-HOUR  24-HOUR (Summer Only Coverage)  
 AT-SCHOOL  FOOTBALL  FOOTBALL (Spring Only)  EXTENDED DENTAL

Paid by Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Underwritten by: Nationwide Life Insurance Company  
Claims Questions: K&K Insurance Group, Inc.  
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917



# Birmingham Community Charter High School

## Emergency Information



### Dear Parents or Guardians:

One of the most important responsibilities we have as parents, students, and charter employees is being prepared in case of an emergency.

Various types of emergencies may occur during the school day. A pupil may become ill or get injured at school, or a major earthquake may strike unexpectedly. By being prepared in advance, we can minimize injury and confusion.

We need your cooperation on a very important matter. During an emergency, we may need to reach you or a designated representative during school hours. This information must be on file at the school. To help us serve you, please complete this Emergency Information Card and return them to your child's school.

### Authorization for Emergency Medical Treatment:

The undersigned, legal custodian of, \_\_\_\_\_, A minor, hereby authorizes the principal or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization is given provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Birmingham Community Charter High School, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be borne by the undersigned.

### EMERGENCY INFORMATION

|                               |                     |                         |                         |
|-------------------------------|---------------------|-------------------------|-------------------------|
| STUDENT'S LAST NAME           | FIRST               | INITIAL                 | HOME PHONE              |
| STUDENT'S GRADE               | SLC                 | BIRTHDATE               | STUDENT'S EMAIL ADDRESS |
| STUDENT'S HOME ADDRESS        | NUMBER              | STREET                  | APT # CITY ZIP          |
| FATHER'S/GUARDIAN'S LAST NAME | FIRST               | MOTHER'S LAST NAME      | FIRST                   |
| FATHER'S CELL PHONE           | DAYTIME PHONE       | MOTHER'S CELL PHONE     | DAY TIME PHONE          |
| SIGNATURE OF FATHER/GUARDIAN  | SIGNATURE OF MOTHER | EMAIL ADDRESS OF PARENT |                         |

TO THE PRINCIPAL: IN CASE YOU ARE UNABLE TO REACH ME DURING ANY EMERGENCY, YOU ARE AUTHORIZED TO CONTACT AND, IF NECESSARY, RELEASE MY CHILD TO ANY OF THE FOLLOWING:

|           |            |              |           |            |              |
|-----------|------------|--------------|-----------|------------|--------------|
| LAST NAME | FIRST NAME | PHONE NUMBER | LAST NAME | FIRST NAME | PHONE NUMBER |
| LAST NAME | FIRST NAME | PHONE NUMBER | LAST NAME | FIRST NAME | PHONE NUMBER |

DOES YOUR CHILD HAVE ANY BROTHERS OR SISTERS ATTENDING THIS SCHOOL:

|           |            |     |       |           |            |     |       |
|-----------|------------|-----|-------|-----------|------------|-----|-------|
| LAST NAME | FIRST NAME | SLC | GRADE | LAST NAME | FIRST NAME | SLC | GRADE |
|-----------|------------|-----|-------|-----------|------------|-----|-------|

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

|        |               |               |           |
|--------|---------------|---------------|-----------|
| DOCTOR | DAYTIME PHONE | HOSPITAL PLAN | GROUP NO. |
|--------|---------------|---------------|-----------|

MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:

OTHER MEDICATIONS USED:

SIGNATURE OF PARENT/GUARDIAN

DATE



# La Preparatoria de Birmingham Community Charter

## Información de Emergencia



### Estimados Padres o Guardianes:

Una de nuestras responsabilidades más importantes como padres, estudiantes, y empleados de la carta es estar preparados en caso de emergencia.

Varios tipos de emergencias pueden ocurrir durante el día de escuela. Un alumno se puede enfermar o lesionar en la escuela, o en un temblor fuerte puede ocurrir inesperadamente. Estando preparados con anticipación, podemos reducir al mínimo las lesiones y la confusión.

Necesitamos la cooperación de todos ustedes para un asunto muy importante. Durante una emergencia, tal vez necesitaremos comunicarnos con ustedes o con un representante que hay un designado, durante las horas escolares. Esta información tiene que estar en el archivo de la escuela. Para ayudarnos a servirles, por favor llenen las Tarjetas de Información de Emergencia y devuélvanlas a la escuela de su alumno.

### Autorización para tratamiento médico de emergencia:

El suscrito, custodio legal de \_\_\_\_\_, un menor, por el presente autoriza al director o designado, a quien se la ha encomendado la tutela del mencionado alumno menor, para permitir cualquier examen de rayos X, anestesia, diagnóstico médico o quirúrgico, tratamiento, y/o cuidado de hospital administrado a dicho menor previo consejo de cualquier médico/dentista licenciado.

Se entiende que esta autorización se da con anticipación a cualquier diagnóstico requerido tratamiento, o cuidado de hospital y delega autoridad y poder al mencionado agente(s) para dar específico consentimiento para cualquier diagnóstico, tratamiento, o cuidado de hospital que un médico licenciado o dentista considere necesario.

Esta autorización se da según las disposiciones de la Sección 25.8 del Código Civil de California, y permanecerá en vigencia durante todo el año escolar a menos que sea revocada por escrito y entregada a dicho agente/s. Comprendo que La Preparatoria de la Comunidad Carta de Birmingham, sus funcionarios y empleados no asumen responsabilidad de ninguna naturaleza en relación con el transporte de dicho menor. Entiendo además que todos los costos del transporte paramédico, hospitalización, y cualquier examen, rayos X, o tratamiento suministrado en relación con esta autorización estarán a cargo del suscrito.

### TARJETA DE INFORMACION DE EMERGENCIA

|                          |          |                     |                |                                   |                 |               |
|--------------------------|----------|---------------------|----------------|-----------------------------------|-----------------|---------------|
| APELLIDO DEL ESTUDIANTE  | NOMBRE   |                     | INICIAL        | TELEFONO EN CASA                  |                 |               |
| GRADO DE ESTUDIANTE      | SLC      | FECHA DE NACIMIENTO |                | CORREO ELECTRONICO DEL ESTUDIANTE |                 |               |
| DOMICILIO DEL ESTUDIANTE | NUMERO   | CALLE               |                | APTO #                            | CIUDAD          | CODIGO POSTAL |
| PADRE/GUARDIAN           | NOMBRE   |                     | PADRE/GUARDIAN | NOMBRE                            |                 |               |
| PADRE/GUARDIAN           | CELLULAR | TELEFONO DIURNO     | MADRE          | CELLULAR                          | TELEFONO DIURNO |               |
| FIRMA DEL PADRE/GUARDIAN |          | FIRMA DE LA MADRE   |                | CORREO ELECTRONICO DEL ESTUDIANTE |                 |               |

INFORMACION DEL PADRE: EN EL CASO DE QUE UD. NO PUEDA COMUNICARSE CONMIGO DURANTE CUALQUIER EMERGENCIA, ESTA AUTORIZADO PARA LLAMAR Y SI ES NECESARIO, ENTREGARLE MI HIJO A CUALQUIERA DE LAS SIGUIENTES PERSONAS:

|        |          |        |          |
|--------|----------|--------|----------|
| NOMBRE | TELEFONO | NOMBRE | TELEFONO |
| NOMBRE | TELEFONO | NOMBRE | TELEFONO |

TIENE SU NIÑO HERMANOS O HERMANAS QUE ASISTEN A ESTA ESCUELA:

|          |        |     |       |          |        |     |       |
|----------|--------|-----|-------|----------|--------|-----|-------|
| APELLIDO | NOMBRE | SLC | GRADO | APELLIDO | NOMBRE | SLC | GRADO |
|----------|--------|-----|-------|----------|--------|-----|-------|

### AUTORIZACION PARA TRATAMIENTO MEDICO DE EMERGENCIA

|        |                 |                  |           |
|--------|-----------------|------------------|-----------|
| DOCTOR | TELEFONO DIURNO | PLAN DE HOSPITAL | GROUP NO. |
|--------|-----------------|------------------|-----------|

MI HIJO/A ES ALERGICO A LOS SIGUIENTES MEDICAMENTOS:

OTRO MEDICAMENTOS USADOS:

|                          |       |
|--------------------------|-------|
| FIRMA DEL PADRE/GUARDIAN | FECHA |
|--------------------------|-------|