



Anaheim Union High School District



Athletic Standards

I. Eligibility Rules

Before a student may participate in any athletic activity, he/she must submit and be cleared through the Athletic Director's office by completing the application on Homecampus.com:

1. Online application for Athletic Clearance is on Homecampus.com includes consent of the Athletic Standards, CIF requirements, AUHSD requirements, specific school requirements, emergency contact information, and pertinent information on homecampus.com. A Student must have Health Insurance and a policy number as a requirement on the form.
2. Physical form "Anaheim Union H.S. District Pre-Participation Physical Evaluation" **signed by an MD or DO only**. (Nurse Practitioners, Physician's Assistant, or Chiropractor are not accepted endorsements for Athletic Clearance). Physicals are valid for one year from the date of endorsement. Be sure your physical date covers the entire school year.

Once submitted and physical form uploaded, the students file will be set to "PENDING" until approved or denied by the Athletic Department. Students' must get the "CLEARED" approval on Homecampus.com before trying out, practicing, or competing.

In addition, the Student-Athlete must:

Be less than nineteen years of age prior to June 15.

Be currently enrolled in and passing at least 20 credits of new work and have passed at least 20 credits of new work in previous grading period.

Eligibility is based on the most recent grading period. The student must be passing 4 classes and have a 2.0 or better GPA from the quarter that precedes the sport, as well as the grading periods during the season of sport.

In the case that a student does not meet the academic requirement, probation may be used. A student may use probation but must receive a 2.0 at the grading period before probation can be used again. The student must also pass 20 credits during the previous grading period in order to use probation. Freshmen are **NOT** encouraged to use their probation.

If the student has transferred from another school, the student must have transfer approval from the CIF-SS office prior to competing for the new school in AUHSD. The student/parent must work with the Athletic Director to acquire the proper forms and filing and approval of the transfer on the CIF-SS website.

II. CIF Code of Ethics - Athletes

10932 Pine Street
Los Alamitos, California 90720



562-493-9500
www.cifss.org

Code of Ethics – Athletes

DO NOT SEND TO CIF SOUTHERN SECTION

A copy of this form must be kept on file in the athletic director's office at the local high school.

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

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

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 503.1).

This is your copy; Retain for your records

III. Violation of Rules

Serious infractions of school and/or team rules may result in an athlete's removal from the team pending a hearing by the **Athletic Review Board**. Members of the Review Board shall include the Coach in charge, Head Coach, Athletic Directors, and the Athletic Administrator. The decision of the board will be **final**.

- 1.) The athlete may be suspended from participating in the sport(s) (games, practices, etc), removed from the athletic team, or athletics altogether and referred to the **Athletic Review Board** for his/her hearing.
 - 2.) Any **subsequent violation** will result in automatic suspension for the remainder of the season or longer (up to one calendar year) depending upon the severity of the violation.
 - 3.) Athletes dropped from a team for disciplinary reasons may ask the **Athletic Review Board** to review his/her case if the circumstances warrant review.
- **Substance use**: Vaping, alcohol, drugs, and tobacco (including chewing tobacco) are harmful to the body. For physical, mental and moral betterment, the use of these destructive agents **will not be permitted**. This includes school activities and school events on campus and off campus. Any use of illegal substances is considered a serious infraction. See policy above on violation of rules.
 - **Team Policies**: The head coach will determine starting line-up, use of team members in events (relays, races, offense and defense, etc.) and game strategy. Refusal to comply with team rules **will not be tolerated** and will be treated as a serious infraction of the **Athletic Code**. **NO** parent is to confront a coach during, or after, a practice or a game. **All questions** should be dealt with in a professional manner (i.e. make an appointment). A 24-hour "cool off" period before a meeting is recommended. See Parent Code of Conduct below.
 - **Procedures for handling complaints or problems**: If a parent, and/or student has a complaint or problem, it should be brought out in the open and discussed as soon as possible. The **Head Coach** is the **first** person to contact. If the problem still exists, the **next step** is to make an appointment with the **Athletic Director**. If satisfaction is not met, contact the **Assistant Principal** in charge of Athletics. After all of the above contacts have been made, then the **Principal** may be contacted. See Chain of Command below.

IV. Steroid Contract

Conditions of Participation Androgenic/Anabolic Steroid Contract

As a condition of membership in the California Interscholastic Federation (CIF) , the Board of Trustees of the Anaheim Union High School District has adopted Board Policy 8706.01 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing the agreement, we 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, to treat a medical condition.

We recognize that under CIF Bylaw 200.D, the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in disciplinary action against including, but not limited to, restriction from athletics, suspension, or expulsion.

V. CIF Concussion Information Sheet



CIF Concussion Information Sheet

Why am I getting this information sheet?

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

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

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

What is a concussion and how would I recognize one?

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

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

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

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

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

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

Signs observed by teammates, parents and coaches include:

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

Symptoms may include one or more of the following:

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

What is Return to Learn?

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

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

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

Final Thoughts for Parents and Guardians:

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Berlin, October 2016
- <https://www.cdc.gov/traumaticbraininjury/PediatricTBIGuideline.html>
- <https://www.cdc.gov/headsup/youthsports/index.html>

VI. Sudden Cardiac Arrest Form

Fact Sheet for Parents & Student Athletes



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

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 known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✓ Family members with known structural heart abnormality, repaired or unrepaired
- ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

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

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.



CALL



PUSH



SHOCK

KeepTheirHeartInTheGame.org

VII. CIF Heat Illness Information



Parent/Student CIF Heat Illness Information Sheet



WHY AM I GETTING THIS INFORMATION SHEET?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *CIF rules require a student athlete, who has been removed from practice or play after displaying signs and symptoms associated with heat illness, must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

PREVENTION There are several ways to try to prevent heat illness:

ADEQUATE HYDRATION

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

GRADUAL ACCLIMATIZATION

Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully equipped).

ADDITIONAL PREVENTION MEASURES

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>.



Parent/Student CIF Heat Illness Information Sheet



HEAT EXHAUSTION

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

TREATMENT OF HEAT EXHAUSTION

Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE

Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 107 degrees Fahrenheit. ***Signs observed by teammates, parents, and coaches include:***

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

TREATMENT OF HEAT STROKE

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

FINAL THOUGHTS FOR PARENTS AND GUARDIANS

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness that you may be seeing in your child.

VIII. CIF Opioid Fact Sheet

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association®

CS264107C May 9, 2016

KNOW YOUR OPTIONS

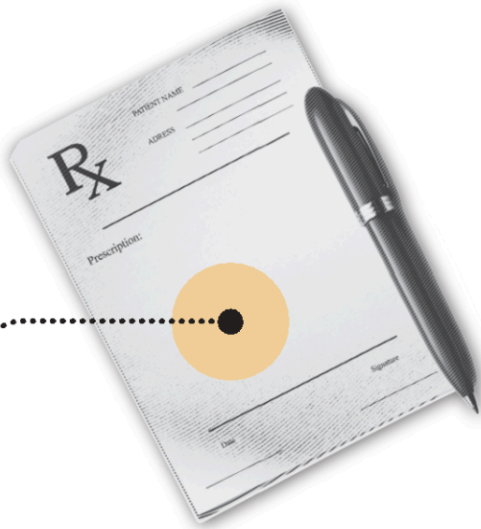
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ❑ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

VIII. Chain of Command

Over the course of a sports season, a parent/guardian may have concerns about a sports program.

The following concerns are appropriate to discuss with coaches:

- The treatment of your athlete, physically and mentally
- Ways to help your athlete improve
- Clarification about the expectations of your athlete
- Concerns about your athlete's behavior or safety

The following concerns are inappropriate to discuss with coaches:

- Playing time
- Team strategy
- Play-calling
- Matters concerning other students or athletes

If you have a concern that requires a discussion, you must set up an appointment to meet with the coach (and head varsity coach if the coach you would like to speak to is a lower-level coach or an assistant). Do not approach a coach before, during, or after a contest or practice.

Always speak to the coach FIRST! If, after speaking to the coach, you are not satisfied with the outcome, the following chain of command must be followed:

1. Coach
2. Athletic Director
3. Assistant Principal in charge of athletics
4. Principal
5. District Athletic Director
6. Assistant Superintendent
7. Superintendent

If you skip a position in the chain, you will be redirected to the appropriate person in the chain of command before escalating.

This is your copy; Retain for your records

IX. Parent Code of Conduct

I, the parent/guardian, will support the players, coaches, game officials, and school administrators. I will not “coach” or “officiate.” I will encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators at all times. I pledge to provide support and encouragement for my child participating in AUHSD sports by following this Parent/Guardian Code of Conduct:

1. Parents will be positive role models and do their best to provide players with a positive experience.
2. Parents will display and instill, in all players, the principles of good sportsmanship and team play
3. Parents will conduct themselves in a manner that best serves the interest of the team.
4. Parents will make certain that their children show respect for all other players, coaches, officials, administrators, and spectators.
5. Parents will not ridicule or demean players, coaches, or game officials.
6. Parents will comply with the decisions of league/district/school officials and observe all rules, policies, and procedures as established or endorsed by the CIF, AUHSD, and the School.
7. Parents will be drug and alcohol free while at an AUHSD athletic event.
8. Parents will treat all players, coaches, and game officials fairly and with respect.
9. Parents will respect the opponent and avoid confrontation with opposing players, spectators, or coaches.
10. Parents will never ridicule or yell at the players or coaches for a mistake or losing.
11. Parents will respect the coaches for their decisions. If they have an issue, they will speak to the coach off the field or court when there are no players present.

The consequences for violation of the Parent/Guardian Code of Conduct are:

1. Verbal warning from the coach, administrator, or official to stop the behavior in violation.
2. If the behavior does not stop, the offending person will be asked to leave the venue.
3. If the person does not leave on his/her own will, the appropriate authorities will be contacted
4. Expulsion from all remaining relevant AUHSD games until a final recommendation is made by the school administration.

X. 6th Period Policy

Due to game days or later afternoon practices it may be necessary to dismiss your son/daughter during sixth period athletics to go home. In order to release your son/daughter we need your authorization to permit him/her to leave campus during 6th period. By signing on the signature page, it is understood that your son/daughter will proceed directly home on these occasions.

NON-DISCRIMINATION STATEMENT

The Anaheim Union High School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person’s actual or perceived ancestry, color, disability, gender, gender identity, gender expression, immigration status, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination.

Expect verification of Eligibility to take a **minimum** of 48 hours.

No athlete will be cleared the day of a game.

Thank you for taking the time to fill out all of the forms completely.
If you have any questions please feel free to contact the Athletic Directors at your school site.
