



PARENTAL/GUARDIAN/STUDENT ATHLETICS PARTICIPTION CONSENT

Parent(s)/Guardian(s)/Student Initials:-----Page 1 of 2

CONSENT & WAIVER OF LIABILITY

_____(the student), DOB _____ Campus _____
Full name

I am (if 18 or over), or I am the parent/guardian of, the student named above, and I wish to grant permission and consent for the student to participate in the following athletic activities. I understand and acknowledge that these activities are completely voluntary and optional and may also involve travel to and from other schools and sporting locations and cross country training outside the campus grounds.

Type of Activity:	<input type="checkbox"/> Day	<input type="checkbox"/> Overnight	<input type="checkbox"/> Within State	<input type="checkbox"/> Out of State	<input type="checkbox"/> Out of Country
Name of Activity:			Name of Coach:		
Activity location: In campus <input type="checkbox"/> Off campus <input type="checkbox"/>			Activity Period/Term		
Swimming & Water Activity <input type="checkbox"/>	Soccer <input type="checkbox"/>		Activity times		
Hiking & Backpacking <input type="checkbox"/>	Volleyball <input type="checkbox"/>		Parent Cell #:		
General Physical Activity <input type="checkbox"/>	Tennis <input type="checkbox"/>		Transportation needed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cross Country Training <input type="checkbox"/>	Basketball <input type="checkbox"/>		LILA Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fencing <input type="checkbox"/>	Other <input type="checkbox"/>		Describe:		
Competitions and Training	If off campus	If off campus	Activity Location & Other Risks		
DATE OF THE Activity:	Start TIME:	End TIME:			

I understand and acknowledge that in order for the student to participate in the activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in the activities. I understand, acknowledge, and agree that the International School of Los Angeles (LILA), its Board of Trustees, its employees, officers, agents, or volunteers to the extent permitted by law (California law being the law of this agreement), shall not be liable for any injury/illness suffered by the student which is incidental to and/or associated with preparing for and/or participating in the activities.

I understand and acknowledge that athletic activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities and some of the injuries/illnesses which may result from participating in athletic activities including the activities above are, but not limited to, the following:



PARENTAL/GUARDIAN/STUDENT ATHLETICS PARTICIPTION CONSENT

Parent(s)/Guardian(s)/Student Initials:-----Page 2 of 2

CONSENT & WAIVER OF LIABILITY

_____(the student), DOB _____ Campus _____
Full name

- | | |
|------------------------------|---|
| 1. Sprains/strains/cuts | 5. Paralysis |
| 2. Fractured bones | 6. Eye injury and/loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases such as COVID-19 |
| 4. Head and/or back injuries | 8. Death |

I hereby give consent to the International School of Los Angeles to provide basic first aid if qualified staff are available and/or otherwise call emergency services and I consent to all emergency medical/dental care prescribed by a duly licensed CA medical or dental professional for the student listed above. This emergency care may be given under whatever conditions that are necessary to preserve life, limb or wellbeing of the student. I consent to allow the medical agency/licensed physicians engaged in providing emergency medical services to the student to share medical information about the student with LILA staff to the extent that doing so is necessary to allow LILA staff to make a decision about the student's continued safe participation in the activities. I also consent to permit access to the contents of this form and the student's school incident form and any physical examination notes to the medical agency/licensed physicians engaged in providing emergency medical services to the student. I shall be responsible for all expenses incurred in connection with any such emergency.

In so far as permitted by law and except in the case of gross negligence, fraud, willful injury to persons or property, or violations of law, I expressly release and discharge the International school of Los Angeles, its Board of Trustees, officers, employees, agents, volunteers and representatives from all claims of action that the student or I may have now or in the future, known or unknown, arising out of the participation in the above activities and any emergency treatment of the student as consented here in. I hereby agree to indemnify and hold the International School of Los Angeles, its Board of Trustees, officers employees, agents, volunteers and representatives harmless from any related action brought by another legal parent/guardian of the student or the student who are not a direct signatory to this consent, now or in the future.

I acknowledge that I have carefully read this PARENT/GUARDIAN/STUDENT ATHLETICS PARTICIPATION CONSENT FORM, and that I understand and agree to its terms.

Parent(s)/Guardian(s) Name (Please Print)	Signature of Parent(s)/Guardian(s)	Date
Student's name if 18 and over	Student must sign if 18 and over	



**International
School**
Los Angeles
**Lycée
International**

**WAIVER OF LIABILITY/DISCLAIMER
PARENTAL/GUARDIAN TRANSPORTATION CONSENT**

My Child named below has permission to participate in the activity named below. I understand that this activity is voluntary and optional and involves travel to and from:

_____ (Activity & Place).

I hereby give permission for my child to travel to and from said activity above in a vehicle driven by a teacher, administrator, supervisor, other LILA employee, agent, Board member of LILA, or a parent or guardian of another student (if specifically consented below). I also understand that I have the right to refuse to sign this form, in which case the child must be transported by the child's parent or guardian or the permission to participate will be withdrawn. This specific trip consent supersedes my online enrollment transportation options.

I further specifically understand and consent to: (Please initial all that apply)

_____ My child riding with another student's parent(s) / guardian(s) participating in the same activity

_____ Providing transportation to other students participating in the same activity with my child

_____ My child will be riding in a school van or private car of a LILA employee, agent or Board member

_____ Child's (Student if over 18) Name (Please Print) _____ Grade _____ Campus

_____ Activity _____ Date of Activity

I understand that by allowing my child to travel to and from the above named activity in a private vehicle or by transporting another student in my own vehicle I will in no way hold the International School of Los Angeles (LILA), its Board of Trustees, officers, employees, agents, volunteers and representatives, or any of them responsible for any harm, injury, or financial loss resulting from travel to and return from the activity. In consideration of being permitted to participate in this activity, I release the International School of Los Angeles, its Board of Trustees, officers, employees, agents, volunteers and representatives, or any of them, together with any parent or guardian of another student transporting my child, from and against any and all liability for personal injury, death, property damage, or loss that we or the child may suffer, arising from any cause whatsoever.

_____ Parent(s)/Guardian(s) Name (Please Print)
Student's name if over 18

_____ Signature of Parent(s)/Guardian(s)
Student must also sign if over 18

_____ Date



10932 Pine Street
Los Alamitos, California 90720

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.I).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/____ L 20/____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

CIF CONCUSSION INFORMATION SHEET

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB25 (effective January 1, 2012) now Education Code § 49475:

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

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

What is a concussion and how would I recognize one?

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

Most concussions get better with rest and over 90% of athletes fully recover. 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 may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be part of his or her 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, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

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

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

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human 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 this concussion program 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
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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 questions/comment
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What is Return to Learn?

Following a concussion, student athletes may have difficulties with short-and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. 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 doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website for more information on Return to Learn.

How is Return to Play (RTP) determined?

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

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

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has 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 Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

School: _____

CIF Concussion Information Sheet

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

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

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

For current and up-to date information on concussions you can visit:

<http://www.cdc.gov/concussion/HeadUp/youth.html>

I acknowledge that I have received and read the CIF Concussion Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date

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 unrepaired
- ☐ 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://nfhslearn.com/courses/61032>

