The forms in this packet must be **FILLED OUT COMPLETELY** prior to any
Upland student trying out for or participating in any sport or extra curricular
activity.

1. **Emergency Card**- Please print all information on this card. Fill out the yellow
card as completely as possible. List any allergies or health problems in the space
provided. **Missing signatures will delay the student’s eligibility.**

2. **Athletic Physical**- This form must be **signed by the physician and have the
physician’s stamp at the bottom**. Students must pass the physical and be
cleared for athletic competition in order to become eligible. Physicals are only
good for one school year (ex. A physical given in March will only be good
through June). Another physical will be needed for the next school year. Please
fill this form out completely and be specific for all answers. This needs to be
turned into the athletic trainer with the rest of the packet.

3. **Athletic Assumption of Risk**- Please read the entire form carefully.

4. **Insurance Affidavit**- All student athletes must obtain insurance coverage by
their parent/guardian in order to participate in athletics. Please read carefully and
only if you presently have the required insurance coverage for your son or
daughter, sign the affidavit. However, if students are not covered by insurance
see the Athletic Trainer or Athletic Director for additional information regarding
purchasing student accident insurance.

5. **Athletic Code of Conduct**- Please read the entire form carefully and sign at the
appropriate places. Both the parent and student must sign and date this form.
**Missing signatures will delay the student’s eligibility.**

6. **Steroid Prevention Affidavit**- Please read the entire form carefully and sign at
the appropriate places. Both the parent and student must sign and date this form.
**Missing signatures will delay the student’s eligibility.**

7. **Concussion Information Sheet**- Please read the entire form carefully and both
the parent/guardian and student must sign.

8. **Therapeutic Treatment Form**- Please read the entire form carefully and both
the parent/guardian and student must sign.

All completed paperwork must be turned in to the athletic trainer. To avoid possible
loss or misplacement, please present the packet directly to the athletic trainer and
not to the administration office or your coach. **ANY AND ALL INCOMPLETE
PAPERWORK WILL BE RETURNED TO THE STUDENT AND WILL
RESULT IN A DELAY IN THE CLEARANCE PROCESS. PLEASE
DOUBLE CHECK FOR POSSIBLE OMISSIONS.**
UPLAND HIGH SCHOOL – ATHLETIC EMERGENCY CARD  
(Please Print Firmly)

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>GRADE</th>
<th>BIRTHDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>ZIP</td>
<td>HOME PHONE</td>
</tr>
</tbody>
</table>

PLEASE LIST ALL SPORTS PLANNING TO PARTICIPATE IN

EMERGENCY CONTACT:

<table>
<thead>
<tr>
<th>FATHER'S FULL NAME</th>
<th>PLACE OF EMPLOYMENT</th>
<th>BUSINESS PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTHER'S FULL NAME</td>
<td>PLACE OF EMPLOYMENT</td>
<td>BUSINESS PHONE</td>
</tr>
<tr>
<td>STEP-PARENT/GUARDIAN</td>
<td>PLACE OF EMPLOYMENT</td>
<td>BUSINESS PHONE</td>
</tr>
</tbody>
</table>

Please LIST one person in the LOCAL area who will assume temporary care of your child if you cannot be reached:

Name__________________________________________ Phone__________________________
Family Physician______________________________ Phone__________________________

STUDENT INSURANCE: "I certify that my son/daughter (or ward) is insured for at least $1500.00 insurance protection for medical and hospital expenses resulting from accidental bodily injury while participating in or practicing for inter-school athletic events, or while being transported to and from such athletic events."

NAME OF INSURANCE COMPANY

PARENT CONSENT: I hereby give my consent for the above named son/daughter to compete in sports and to go with a representative of the school on any trips. In case this pupil is injured, you are authorized to have him/her treated. If any emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of the student. Please list below all health conditions unique to your son/daughter.

___________________________________________ Date_____________________________
PARENT/GUARDIAN SIGNATURE

PLEASE COMPLETE

1. Serious illness/accident/chronic condition (allergy, diabetes, heart condition, epilepsy, asthma, etc.)_____________________________________________________

2. Emergency medication (NAME):__________________________________________________________
   Reason__________________________________________________________________________

3. Have you had any type of surgery?________________________________________________________

**MAKE THREE ADDITIONAL COPIES OF THIS FORM AFTER FILLING OUT AND ATTACH ALL TO PACKET**
# Preparticipation Physical Evaluation

**HISTORY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Personal physician**

<table>
<thead>
<tr>
<th>In case of emergency, contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>------</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

---

**Explain "Yes" answers below. Circle questions you don't know the answers to.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

1. Have you had a medical illness or injury since your last check up or sports physical?
   - Do you have an ongoing or chronic illness?

2. Have you ever been hospitalized overnight?
   - Have you ever had surgery?

3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using inhaler?
   - Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?

4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
   - Have you ever had a rash or hives develop during or after exercise?

5. Have you ever passed out during or after exercise?
   - Have you ever been dizzy during or after exercise?
   - Have you ever had chest pain during or after exercise?
   - Do you get tired more quickly than your friends during exercise?
   - Have you ever had racing of your heart or skipped heartbeats?
   - Have you had high blood pressure or high cholesterol?
   - Have you ever been told you have a heart murmur?
   - Has any family member or relative died of heart problems or of sudden death before age 50?
   - Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
   - Has a physician ever denied or restricted your participation in sports for any heart problems?

6. Do you have any current skin problems (for example, itching, rash, acne, warts, fungus, or blisters)?
   - Have you ever had a head injury or concussion?
   - Have you ever been knocked out, become unconscious, or lost your memory?
   - Have you ever had a seizure?
   - Do you have frequent or severe headaches?
   - Have you ever had numbness or tingling in your arms, hands, legs, or feet?
   - Have you ever had a stinger, burn, or pinched nerve?
   - Have you ever become ill from exercising in the heat?
   - Do you cough, wheeze, or have trouble breathing during or after activity?
   - Do you have asthma?
   - Do you have seasonal allergies that require medical treatment?

---

10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?

11. Have you had any problems with your eyes or vision?
   - Do you wear glasses, contacts, or protective eyewear?

12. Have you ever had a sprain, strain, or swelling after injury?
   - Have you broken or fractured any bones or dislocated any joints?
   - Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?

If yes, check appropriate box and explain below.

- Head
- Elbow
- Hip
- Neck
- Forearm
- Thigh
- Back
- Wrist
- Knee
- Chest
- Hand
- Shin/calf
- Shoulder
- Finger
- Ankle
- Upper arm
- Foot

13. Do you want to weigh more or less than you do now?
    - Do you lose weight regularly to meet weight requirements for your sport?

14. Do you feel stressed out?

15. Record the dates of your most recent immunizations (shots) for:
   - Tetanus
   - Measles
   - Hepatitis B
   - Chickenpox

**FEMALES ONLY**

16. When was your first menstrual period?
   - When was your most recent menstrual period?
   - How much time do you usually have from the start of one period to the start of another?
   - How many periods have you had in the last year?
   - What was the longest time between periods in the last year?

**Explain “Yes” answers here:**

---

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

<table>
<thead>
<tr>
<th>Signature of athlete</th>
<th>Signature of parent/guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

## Preparticipation Physical Evaluation

### PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
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</thead>
<tbody>
<tr>
<td>Height</td>
<td>Weight</td>
</tr>
<tr>
<td>% Body fat (optional)</td>
<td>Pulse</td>
</tr>
<tr>
<td>BP</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Corrected:</td>
</tr>
<tr>
<td>R 20/</td>
<td>L 20/</td>
</tr>
<tr>
<td>Pupils:</td>
<td>Pupils:</td>
</tr>
<tr>
<td>Equal</td>
<td>Unequal</td>
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</table>

### MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
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</thead>
<tbody>
<tr>
<td>Eyes/Ears/Nose/Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia (males only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MUSCULOSKELETAL

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

* Station-based examination only

### CLEARANCE

- [ ] Cleared
- [ ] Cleared after completing evaluation/rehabilitation for:
  
  
  
  
  
  
- [ ] Not cleared for: ____________________________ Reason: ____________________________

### Recommendations:

  
  
  
  
  
  
Name of physician (print/type) ____________________________ Date __________

Address ____________________________________________ Phone __________

Signature of physician ____________________________, MD or DO

Circle any sport in which you will be participating in during the school year:

Swimming  Baseball  Basketball  Football  Cross-Country  Soccer  Softball
Volleyball  Wrestling  Dance  Water-Polo  Track & Field  Golf  Tennis

NAME: ___________________________ AGE: ________ BIRTHDATE: ____________
Last    First

ADDRESS: ___________________________ PHONE: ___________________________

School ID or Social Security #: ___________________________ GENDER: Male Female
SCHOOL YEAR: 9 10 11 12

In Case of an Emergency, Notify:

Address: ___________________________ Relationship: ___________________________
Phone: ___________________________

Date of Last Tetanus Shot: ___________________________
Family Physician: ___________________________ Phone: ___________________________

Circle if you had any of the following conditions or injuries and explain:

Concussion  Fracture Bone  Epilepsy  Neck Injury  Hearing Loss  Hernia  Asthma
Spells  Heart Murmur  Diabetes  Dislocated Bone  Elbow  Wrist  Fainting
Shoulder  Arm  Hand  Knee  Ankle  Feet  Cervical Spine

Explain: ________________________________________________________________

I grant permission to authorized personnel to obtain medical care from any licensed physician, hospital or medical clinic should the student become ill or injured while participating in practice, game or while traveling away from home, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.

Parent / Guardian Signature ___________________________ Date ____________

Physical Examination:

Height: ________ Weight: ________ Pulse: ________ Blood Pressure: ________ Contact Lenses: ________

<table>
<thead>
<tr>
<th></th>
<th>NEGATIVE</th>
<th>POSITIVE</th>
<th>NEGATIVE</th>
<th>POSITIVE</th>
<th>NEGATIVE</th>
<th>POSITIVE</th>
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</thead>
<tbody>
<tr>
<td>HEAD</td>
<td></td>
<td>LUNGS</td>
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<td>SKIN</td>
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<tr>
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<td>TEETH</td>
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<tr>
<td>NOSE</td>
<td></td>
<td>HERNIA</td>
<td></td>
<td></td>
<td>VISION</td>
<td></td>
</tr>
<tr>
<td>THROAT</td>
<td></td>
<td>SPINE</td>
<td></td>
<td></td>
<td>HEARING</td>
<td></td>
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<tr>
<td>EARS</td>
<td></td>
<td>EXTREMITIES</td>
<td></td>
<td></td>
<td>KNEES</td>
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<tr>
<td>NECK</td>
<td></td>
<td>REFLEXES</td>
<td></td>
<td></td>
<td>HEART</td>
<td></td>
</tr>
</tbody>
</table>

0 I certify that I have examined this athlete and have found no gross evidence of abnormality that would interfere with his/her athletic participation.

0 This athlete is placed under a “MEDICAL HOLD” and should not participate in sports until cleared by a physician for the following problem: ____________________________

Physician’s Signature & Stamp ___________________________ Date ____________
UPLAND UNIFIED SCHOOL DISTRICT
MEDICAL TREATMENT AUTHORIZATION
WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY SPORTS PROGRAM

Participant:

Description of Activity: ___________________________ Name of School: Upland High School

Date(s) of Activity:

☐ Transportation provided by District ☐ Transportation is parent responsibility

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary as part of the UPLAND UNIFIED SCHOOL DISTRICT (District) sports program. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

| Participant has no special health needs the staff should be aware of, and no medication is required. |
| Participant has a special need, and instructions are attached. Number of attached pages: _______ |
| Other: |

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Parent/Guardian Signature ___________________________ Participant Signature ___________________________ Date ____________

Parent/Guardian Name (Please Print) ___________________________ Phone Number ___________________________ Health Plan ___________________________

Street Address ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

WRISports.doc 03/04

Volunteer w/Work Comp
UPLAND UNIFIED SCHOOL DISTRICT STUDENT ATHLETIC INSURANCE AFFIDAVIT

STUDENT'S NAME ___________________________ SCHOOL _______________________ DATE ________

To Parent or Guardian:

Before your son or daughter can be issued equipment or is eligible to participate in interscholastic/intramural athletics, according to Education Code Sections 32220 and 32221, insurance coverage must be obtained by you for the son or daughter who expects to participate. Please read carefully the following affidavit, and if, and only if, you presently have the required insurance coverage for you son or daughter, sign the Affidavit.

The Affidavit may be signed if your son or daughter has insurance coverage for only medical and hospital expenses, however, the work "none" should be written in if insurance is lacking.

AFFIDAVIT

I do understand that the insurance coverage required by Education Code Sections 32220 and 32221 includes insurance protection for medical and hospital expenses resulting from accidental bodily injury in an amount of at least $1,500 for all such services.

I further understand that the aforesaid law requires that the above coverage apply to members of athletic teams arising while such members are engaged in or preparing for an athletic event promoted under the sponsorship or arrangement of the School District or Student Body Association, or while such members are being transported by or under the sponsorship of the School District or Student Body Association to or from school or other place of instruction and the place of the athletic event.

I, _______________________________ do hereby declare that _______________________________

Name of parent/guardian

Name of student

is insured in accordance with Education Code Section 32220 and 32221 through the following insurance company:

MEDICAL AND HOSPITAL INSURANCE

Insurance Company ___________________________ Policy Number ___________________________

I declare that I will maintain this insurance and will notify, in writing, the Principal or the appropriate school immediately, if the policy is canceled or is in default. I declare under penalty of perjury the above and foregoing is true and correct.

Date ___________________________ Signature of parent or guardian ___________________________

(See the Athletic Trainer or Athletic Director for additional information regarding purchasing student accident insurance.)
It is the purpose of this Code to establish guidelines for athletes at Upland High School. These standards are meant to enhance the quality of the athletic environment and to establish appropriate levels of behavior for all athletes. They are not meant to displace, in any manner, the authority of the coaches, who may have if they so choose, more stringent guidelines.

Since participation in Athletics at Upland High School is voluntary, violations of this code will result in disciplinary action, which may be in addition to the due process, procedures, which apply to all students in the school.

SECTION I
A. A thorough physical examination by a qualified physician is required each year for athletic participation.
B. The proper completion and submission of the physical Examination card and the Insurance card is required before and athlete may try out or participate in any sport.
C. Athletes must reside within the Upland Unified School District attendance area or meet all CIF residency requirements.
D. All athletes must meet CIF academic requirements. (This and all other phases of eligibility will be certified by the Athletic Director and appropriate Assistant Principal).
E. The athlete is responsible for all equipment issued to him/her. Any lost, missing or damaged equipment must be paid for, at replacement cost, by the athlete. These charges must be cleared before participation in any other interscholastic sport.
F. The athlete cannot withdraw from a sport in order to participate in another sport during the same season.
G. If the athlete becomes ineligible or leaves the team, for any reason, during the season of sport, he/she will NOT receive ANY awards.

SECTION II
The minimum behavior rules set forth in this section are department standards. Coaches may have additional team rules they deem essential to their program. Those rules will be given to each athlete, in writing. This section should not be thought to take from the coaches, their right to determine levels of skill, team qualifications, and attitudes of their athletes.

A. MAJOR VIOLATIONS
   Athletes may not at any time, while in the season of sport violate the below stated rules. Violations of this section WILL result in suspension (up to ten weeks) and or exclusion from the athletic program and forfeiture of all athletic awards/honors.
   1. The use of alcohol, drugs, or tobacco, in any form.
   2. The continued use of profane language, vulgar behavior, or unsportsmanlike conduct.
   3. The striking of a coach, official, or spectator.
   4. Vandalism, theft, or malicious destruction of property.
   5. Conduct themselves in such a manner as to bring embarrassment to Upland High School.

B. MINOR VIOLATIONS
   Violations of this section, MAY result in disciplinary action taken by their coach.
   1. Referral from the academic program.
   2. Continuing poor attendance in any or all classes.
   3. Misconduct on the field, in the locker room or on campus.
   4. Disrespectful conduct toward any employee or guest of Upland High School, including opposing teams, spectators, athletic officials, training staff, etc.

All disciplinary actions will be administered by his/her appropriate coach. If that athlete is a member of a lower division team, disciplinary action will be administered with the knowledge of the Varsity Coach.

All athletes shall have the right of appeal. All appeals will be made, first to the Athletic Director and secondly, to the Assistant Principal in charge of Athletics/Activities.

I have read the athletic acknowledgment of risk and informed consent, insurance affidavit, and the code of conduct with my parents/guardians, and will abide by it.

<table>
<thead>
<tr>
<th>Athlete’s Signature</th>
<th>Date</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coach’s Signature</td>
<td>Date</td>
<td></td>
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</tr>
</tbody>
</table>
Steroids Prevention Affidavit

__________________________________________________________
Print Name of Student-Athlete

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 Upland 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 ____________
Dear Highlander Parent,

Should your son or daughter become injured during their athletic participation this school year it may be beneficial to use therapeutic treatment to assist in their recovery. These therapeutic treatments include ultrasound and electrical muscle stimulation.

In order for your son or daughter to receive any therapeutic treatment the trainer must receive written permission from the parent giving consent for any one of the modalities to be used. If you, the parent agree with the treatment then please check the corresponding circle and return to the athletic trainer. This letter will be placed in you son or daughter’s athletic file.

The appropriate use of therapeutic modalities can be extremely useful in sport rehabilitation. Therapeutic modalities plays an important role in reducing pain, swelling, increasing range of motion and are useful as an adjunct to therapeutic exercise. In order to manage the injury there are different modalities, such as ultrasound and electrical muscle stimulation, which are used to help increase the healing process in an injury. Each modality has a specific purpose based on the physiological effects it produces.

Ultrasound is a modality that involves the generation of high frequency sound waves at frequencies (low, medium, high) that are clinically regulated. Ultrasound utilizes standard currents to vibrate a quartz crystal at ultrasonic frequencies and transmit sonic energy through the skin to structures, which are to be affected. A coupling agent (sonic gel) is used to maximize transmission to the tissue. Ultrasound is used for treatment of a variety of soft tissue conditions including sprains, strains, tendonitis, and bursitis. The effects of ultrasound are to increase blood flow, enhance tissue temperature, which in turn, decreases joint stiffness, reduces muscle spasms, eliminates calcific deposits, scar tissue formations and lastly decrease swelling. Contraindications for the use of ultrasound are Malignant or cancerous tissue, acute infections, risk of hemorrhage, severely ischemic tissue, recent venous thrombosis, exposed neural tissue, suspicion of a bone fracture, pregnancy, the active bone growth plates of children, or the eye. Treatment time usually lasts between 5 to 10 minutes depending on the area being treated.

Electrical stimulation is another modality that is used for treatment by sending safe electrical currents through electrodes to stimulate a response from a muscle and the surrounding tissue. When the electrical stimulation is introduced into tissue it produces specific physiological changes. The clinical uses of electrical stimulation include pain management, muscle stimulation for alpha motor nerve, stimulation of denervated muscle, and edema reduction. Electrical stimulation contraindications include, but are not limited to, the following: presence of metallic implants, demand-type cardiac pacemakers, neoplasms, osteomyelitis, clinically diagnosed cancer and pregnancy. Treatment time usually lasts between 5 to 20 minutes depending on the area being treated.
Therefore, I personally believe that these treatments can help assist the healing process without hindering the athlete’s performance or injury. Therapeutic modalities help contribute to the success of the rehabilitation process. If you have any questions or concerns please do not hesitate to call me at 909-949-7880 ext. 479.

O I DO give permission for my son or daughter to receive ultrasound and electrical stimulation for treatment.

O I DO NOT give permission for my son/daughter to receive ultrasound and electrical stimulation.

Print Student Name

Parent Signature Date

Thank You,

Melissa Strother, ATC
Athletic Trainer
Upland High School
CC: Guy Roubian, Assistant Principal & Jim Drake, Athletic Director
**UPLAND 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:**

<table>
<thead>
<tr>
<th>Headaches</th>
<th>Amnesia</th>
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<tr>
<td>“Pressure in head”</td>
<td>“Don’t feel right”</td>
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<tr>
<td>Nausea or vomiting</td>
<td>Fatigue or low energy</td>
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<tr>
<td>Neck pain</td>
<td>Sadness</td>
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<tr>
<td>Balance problems or dizziness</td>
<td>Nervousness or anxiety</td>
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<td>Blurred, double, or fuzzy vision</td>
<td>Irritability</td>
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<td>Sensitivity to light or noise</td>
<td>More emotional</td>
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<tr>
<td>Feeling sluggish or slowed down</td>
<td>Confusion</td>
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<tr>
<td>Feeling foggy or goggly</td>
<td>Concentration or memory problems (forgetting game plays)</td>
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<tr>
<td>Drowsiness</td>
<td>Repeating the same question/comment</td>
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<td>Change in sleep patterns</td>
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**Signs observed by teammates, parents and coaches include:**

<table>
<thead>
<tr>
<th>Appears dazed</th>
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<tbody>
<tr>
<td>Vacant facial expression</td>
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<tr>
<td>Confused about assignment</td>
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<tr>
<td>Forgets plays</td>
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<tr>
<td>Is unsure of game, score, or opponent</td>
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<tr>
<td>Moves clumsily or displays incoordination</td>
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<td>Answers questions slowly</td>
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<td>Slurred speech</td>
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<tr>
<td>Shows behavior or personality changes</td>
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<tr>
<td>Can’t recall events prior to hit</td>
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</tr>
<tr>
<td>Can’t recall events after hit</td>
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<tr>
<td>Seizures or convulsions</td>
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<tr>
<td>Any change in typical behavior or personality</td>
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<tr>
<td>Loses consciousness</td>
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Adapted from the CDC and the 3rd International Conference on Concussion in Sport  
Document created 5/20/2010
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 heath 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 it’s 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/

Student-athlete Name Printed ___________________ Student-athlete Signature ___________________ Date __________

Parent or Legal Guardian Printed ___________________ Parent or Legal Guardian Signature ___________________ Date __________

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