



Winship Middle School

2500 Cypress Avenue

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eurekacityschools.org

*Teri Waterhouse, Principal
Sarah Cruz, Counselor*

Dear Parents/Guardians of prospective Winship athletes -

Winship Middle School takes appropriate steps to protect your student athlete from injuries. Even so, accidents can and do happen while participating in school sports. Winship Middle School does not provide medical insurance coverage for school related injuries. This means that you are responsible for the medical bills if your student is injured during a sporting event.

Education Code section 32221.5 - Pupil's Insurance for Athletic Teams

“Under state law, school districts are required to insure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Some pupils may qualify to enroll in no cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-880-5305”.

As a parent and/or guardian of _____,
I understand that the school district does not provide medical insurance for student injuries.

Health Insurance company _____

Policy number _____

Parent / Guardian signature _____ Date _____

WINSHIP MIDDLE SCHOOL ATHLETIC
PARENTAL CONSENT & EMERGENCY CARE CARD

Student Name: _____

Home Address: _____

Date of Birth: _____ Grade: _____

As a parent(s) or guardian(s) of the above minor student athlete, I (we) permit emergency medical care to be administered to our daughter/son in the event it is required, as deemed necessary by the Winship Middle School coach or administrator during related athletic activities. I (we) will be notified and consulted at the earliest possible moment should this situation arise.

Signature: _____ Date: _____

_____ Date: _____

Home Phone: _____ Cell/Work: _____

Insurance Carrier: _____

Policy Number: _____

Acknowledgement and Assumption of Potential Risk
Voluntary Sports Activity

(Student Name) _____ has my permission to participate in the activity listed below. I fully understand the following:

(Circle appropriate activities) Football, Basketball, Volleyball, Cheerleading, Track & Field, Baseball, Soccer, Wrestling, Tennis, Cross Country, Golf, Other _____ by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- 1. Sprains/strains 2. Fractured bones 3. Cuts/abrasions 4. Unconsciousness 5. Paralysis 6. Disfigurement 7. Head injuries/Concussion 8. Loss of eyesight/hearing 9. Death

All participants in this activity should understand that the participation is voluntary and is not required by the school district.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the _____ School District, its employees, officers, agents, or volunteers, shall not be liable for any injury suffered by my son/ daughter which is incident to and/or associated with preparing for and/or participating in this activity. I further relieve the _____ School District, its employees, officers, agents, or volunteers from any liability for loss or damage to any personal property that may be damaged, lost or stolen.

List any medical conditions, allergies or other limiting factors:

* Medical examination release has been completed: Yes No (Circle one)
Family physician name: _____ Phone # _____

Health insurance/MEDI-CAL per Education Code 32220-32224: Yes No (Circle one)
Plan name and number: _____

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgement of the attending physicians or dentists. I acknowledge that I have carefully read this Voluntary Sports Activities Form and that I understand and agree to its terms.

Parent/legal guardian (if under 18) _____ Date _____
Student signature _____ Date _____

* Medical exams are required for all athletic participants (including cheerleaders) of any school sports team (K-12). Participation includes: tryout (except cheerleading tryouts that only have standing cheers), practice and competitive play. Band members and team managers - i.e., non-playing field participants are exempt.



WINSHIP MIDDLE SCHOOL

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day."

and

"A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

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

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

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010



WINSHIP MIDDLE SCHOOL

Concussion Information Sheet

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

Symptoms may include one or more of the following:

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

Signs observed by teammates, parents and coaches include:

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

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