

2023-2024

Del Norte High School Athletics Clearance Packet

All Sports Participants must:

1. Schedule an appointment with a physician for the required physical. Have the physician complete and sign the Physical Evaluation Form provided by the Athletics Office.
2. Carefully review the contents of this packet. (Athlete and parent(s)/guardian(s))
3. Return ALL pages/signature forms to the Athletics Office to receive final clearance.

Student Athlete: _____ Sport: _____
Print Name

Parent/Guardian: _____
Print Name

The Parent/Guardian's or student-athletes (18 years of age) signature on this form indicates that they have read and understand the policies, procedures and requirements pertaining to DNHS/CIF athletic participation.

The Athletics Office will keep on file the following forms:

- Signature Page
- Physical
- Code of Conduct
- NCS Ejection Policy
- Consent to treat
- Assumption of Risk

All other forms will remain with the Parent/Guardian as informational.

Student Athlete: _____ Date: _____
Signature

Parent/Guardian: _____ Date: _____
Signature



Preparticipation Physical Evaluation HISTORY FORM

Physicians may use the Child Health and Disability Prevention Pre-participation
Physical Evaluation History form instead of the JPA-24.

JPA-24 (Page 1)

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____
Grade _____ School _____ Sport(s) _____
Address _____ Phone _____
Personal Physician _____
In Case of Emergency, Contact _____
Name _____ Relationship _____ Phone (H) _____ (W) _____

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

	Yes	No		Yes	No						
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>						
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>						
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>						
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>						
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>						
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>						
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>						
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>						
9. Has a doctor ever told you that you have (check all that apply):			33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> A heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>						
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>						
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>						
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>						
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>						
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>						
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>						
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>						
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:			45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>						
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:			46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>						
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:			FEMALES ONLY								
	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/heel	48. How old were you when you had your first menstrual period?	_____	
									49. How many periods have you had in the last 12 months?	_____	

20. Have you ever had a stress fracture? ☐ ☐
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? ☐ ☐
22. Do you regularly use a brace or assistive device? ☐ ☐
23. Has a doctor ever told you that you have asthma or allergies? ☐ ☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise? ☐ ☐

Explain "YES" answers here: _____

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

Athlete signature _____ Parent/guardian signature _____ Date _____

Name _____ Date of birth _____
Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____.____/____)
Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

PHYSICIAN REMINDERS (Consider additional questions on more sensitive issues)

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel sad, hopeless, depressed, or anxious?
3. Do you feel safe at your home or residence?
4. Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. Do you drink alcohol or use any other drugs?
7. Have you ever taken anabolic steroids or used any other performance supplement?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
9. Do you wear a seat belt, use a helmet, and use condoms?
10. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Notes:

	NORMAL	ABNORMAL FINDINGS	INITIALS *
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

* Multiple-examiner set-up only.

** Having a third party present is recommended for the genitourinary examination.

Notes:

Sports participation: Approved: _____ Conditional: _____ Denied: _____

Name of physician (print/type) _____ Date: _____

Address _____ Phone: _____

Signature of physician _____, MD, DO, ND, NP or PA



North Coast Schools
Insurance Group

Preparticipation Physical Evaluation CLEARANCE FORM

JPA-24 (Page 3)

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contra-indications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD, DO, ND, NP or, PA

EMERGENCY INFORMATION

Allergies _____

Other information _____

This page must be returned to the school in order for the student to be eligible for participation.

DEL NORTE COUNTY UNIFIED SCHOOL DISTRICT

301 West Washington Blvd., Crescent City, CA 95531
707-464-6141

CODE OF CONDUCT FOR ATHLETICS, EXTRA CURRICULAR AND COCURRICULAR ACTIVITIES GRADES 6-12

This form must be signed by a parent and student and returned to the coach or advisor before the student may participate in practice or performance.

Students volunteer to participate on athletic teams as well as other competitive or performing groups. They are expected to maintain high standards of conduct at all times. A good physical and mental condition is necessary for performance in athletics or activities. The protection of health and safety of all students is also a major concern.

If a student is guilty of violating either of the following rules at school or at a school activity, the result will be dismissal from the team for the remainder of the season. In the case of performing activities, students will be dismissed for 9 weeks from the date of the infraction:

1. Use or possession of illegal drugs or alcohol.
2. Involvement in a crime that has a victim.

An appropriate punishment will be assigned by each coach or advisor for violation of any of the following:

1. Use or possession of tobacco.
2. Practice cuts.
3. Practice tardiness.

Coaches or advisors may impose a curfew or dress standards. In either case, participants and parents/guardians will be informed in writing.

Our rules are not intended to control students' lives away from school, but students must realize that our programs and their activity are judged by the public on the basis of appearance and behavior. Our program of sports and activities can only prosper when we create and maintain a positive image.

Students are prohibited from participating in a school activity while on suspension until the day after their suspension is complete.

I have read the above and agree to participate under these rules.

Student Signature _____

Parent/Guardian Signature _____

Date: _____

NCS, CIF EJECTION POLICY ATHLETE NOTIFICATION FORM

The following is a partial summary of rules and minimum penalties adopted by the NCS Board of Managers applicable to players and are in effect for (non-league, league, invitational tournaments/events, post-season; league, section or state playoffs).

1. Ejection of a player from a scrimmage:

Penalty: The player must complete the NFHS Sportsmanship course prior to the next contest.

2. Ejection of a player from a contest:

Penalty: A player ejected from a contest for violation of a NFHS or sports governing body rule (other than assaultive behavior/fighting or leaving the bench area during a fight) shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff). **A second ejection will result in a three-game suspension and a third ejection shall make the player ineligible for the remainder of the season.** If the ejection is for unsportsmanlike conduct, the player must also complete the NFHS online Sportsmanship course.

3. Ejection of a player from a contest for assaultive behavior/fighting or leaving the bench area:

Penalty: A player ejected from a contest for these reasons is ineligible for the school's next three contests. In addition, the player shall complete the online NFHS Sportsmanship course. The player may not participate until the course has been completed. The player must also meet with the school principal to discuss future behavioral expectations and complete the NCS Return to Competition Form.

4. Second ejection of a player from a contest for assaultive behavior/fighting or leaving the bench area:

Penalty: The player shall be ineligible for the remainder of the season.

5. When one or more players leave the bench to begin or participate in an altercation.

Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for three contests (non-league, league, invitational tournament, post-season {league, section or state} playoff). **The school, league or NCS may use electronic video to identify players who have left the bench area to begin or participate in an altercation. This identification may be made after the jurisdiction of the game officials has ended and such identified players are subject to the penalties set forth in #3 and #4 above.**

6. Ejection of a player in the last contest of the season:

Penalty: The player will be held out of the number of contests required by the type of ejection in the same sport in the following year. If the player is a graduating senior, the player must sit out the required number of contests in the next season of sport in which they participate. If the ejection is for an offense that requires completion of the NFHS Sportsmanship course, the course must be completed with 10 school days. Sub-varsity players may not be moved to the varsity level for post-season competition.

7. Physical Assault of an Official:

Penalty: A player alleged to have physically assaulted an official shall be ineligible to participate in or attend any contests until the investigation has been completed and the NCS Commissioner of Athletics has accepted the results and recommendation of the school's investigation.

I have read the NCS, CIF Ejection Policy and understand **there are severe consequences for assaultive behavior/fighting and leaving the bench area to begin or participate in an altercation.** I have also been provided with a complete version of the NCS, CIF Ejection Policy. I understand that athletes may not participate in any contest until this document is filed with the school. This signed Athlete Notification Form is to be maintained at the school.

Student's Signature _____

School _____

SPORT _____

Date _____ VAR _____ JV _____ F/S _____ FR _____

**NCS, CIF EJECTION POLICY
SPECTATOR NOTIFICATION FORM**

The following is a partial summary of rules and minimum penalties adopted by the CIF Federated Council and NCS Board of Managers applicable to spectators and are in effect for (non-league, league, invitational tournaments/events, post-season; league, section or state playoffs).

1. Ejection of a spectator from a contest:

Penalty: If a spectator is ejected from a contest, it is the responsibility of the school to ensure that person does not attend that team's next contest.

2. If the same spectator is ejected a second time.

Penalty: Spectator shall not attend any of the remaining contests for that season

3. Physical Assault of a Game or Event Official.

Penalty: Any spectator who physically assaults the person of a game or event official immediately prior to, during, or immediately following an interscholastic athletic contest shall be permanently banned from attending interscholastic athletic contests. A game or event official is defined as a referee, umpire or any other official assigned to interpret or enforce rules of competition at an event or contest.

NOTE #1: Definition of a Physical Assault: A physical assault is the intentional infliction of or an attempt to inflict a harmful or offensive touching or contact upon the person of an official. Note that the rule is violated even if no contact is made with the person of an official. Such conduct shall include verbal threats and/or intimidation either or before, during or after the contest. All that is required is the "attempt." However, the act constituting the attempt must be accompanied by a specific intent, which may be inferred from the circumstances and nature of the act, to inflict a harmful or offensive touching contact of the official's person.

NOTE #2: A person assaulting a sports official may also be subject to California Penal Code 243.8 which states the following:

(a) When a battery is committed against a sports official immediately prior to, during, or immediately following an interscholastic, intercollegiate, or any other organized amateur or professional athletic contest in which the sports official is participating, and the person who commits the offense knows or reasonably should know that the victim is engaged in the performance of his or her duties, the offense shall be punishable by a fine not exceeding two thousand dollars (\$2,000), or by imprisonment in the county jail not exceeding one year, or by both that fine and imprisonment.

(b) For purposes of this section, "sports official" means any individual who serves as a referee, umpire, linesman, or who serves in a similar capacity but may be known by a different title or name and is duly registered by, or a member of, a local, state, regional, or national organization engaged in part in providing education and training to sports officials.

I have read the NCS, CIF Ejection Policy and understand the penalties of being ejected. I have also been provided with a complete version of the NCS, CIF Ejection Policy. I understand that spectators may not attend any contest until this document is filed with the school.

Spectator's Name _____ Spectator's' Signature _____
(print)

School _____ Date _____

Del Norte High School

Authorization to Consent to Treatment of a Minor

I(WE) the undersigned guardian(s) of _____ a minor,
do hereby authorize the Del Norte Coaching Staff as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licenses under the provision of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant the provisions of Section 25.8 Civil Code of California

This authorization shall remain effective until _____ 20_____, unless sooner revoked in writing delivered to said agent(s).

MEDICATIONS

The student athlete is currently taking the following medication: _____

The student athlete is allergic to the following medications: _____

Insurance Information

UNDER STATE LAW, SCHOOL DISTRICTS ARE REQUIRED TO ENSURE 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, STATE, OR FEDERALLY SPONSORED HEALTH INSURANCE PROGRAMS. INFORMATION ABOUT THESE PROGRAMS MAY BE OBTAINED BY CALLING 800-880-5305 OR 707-465-6925, EXTENSION 291.

Del Norte High School does not carry accident insurance on your student. Student athletes must be insured for school related sports injuries to participate.

THE FOLLOWING INFORMATION MUST BE PROVIDED

- ☐ I have elected to purchase School Insurance (Insurance packets are available in the office)

☐ I have health insurance or accident insurance that will cover school related Sports injuries and elect not to purchase School Insurance.

PLEASE LIST INSURANCE COMPANY NAME, POLICY OR GROUP NUMBER BELOW:

COMPANY NAME

POLICY OR GROUP NUMBER

Date _____

Student Signature _____

Parent/Guardian Signature _____

Home Phone _____

Emergency Phone _____



(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 | 5. Paralysis | 9. Death |
| 2. Fractured bones | 6. Disfigurement | 10. Cardiac/Respiratory Issues |
| 3. Cuts/abrasions | 7. Head injuries/Concussion | |
| 4. Unconsciousness | 8. Loss of eyesight/hearing | |

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.



DNHS Eligibility Requirements

DNHS student athletes shall be enrolled/passing a minimum of 20 credits (4) courses and maintaining a grade-point average (GPA) of 2.0 with no more than one "F" grade in all enrolled courses from the most recent grade reporting period.

Student Athlete Name: _____
Print Name

Student Signature

Parent Signature

Academic Eligibility as defined by board policy 6145

"In order to be eligible for participation in extracurricular activities, a student in grades 6-12 shall be enrolled in the required number of courses and shall have earned a minimum 2.0 or "C" grade point average during the preceding grading period with no more than one "F" grade. In addition, they must maintain at least minimum progress toward meeting high school graduation requirements."



Transportation Protocol

All teams will travel to and from away events in school-arranged transportation. All students must return with the team unless released by the coach to their own parent or guardian, in person, at the site of the event.

Permission to return to Del Norte County with another adult that is not a parent or guardian may be granted by a school administrator or administrative designee. The following procedures must be adhered to:

1. Parent comes to the school and completes proper forms in the presence of administration prior to departure for event.
2. Form is signed by administration and a copy is given to the head coach.

I have read, and understand, the transportation procedures listed above.

Parent Signature _____ **- Date** _____

STUDENT ATHLETE RESPONSIBILITIES ON THE BUS/VAN

1. Any student to be dropped off at places other than the school on return trips must make prior arrangements with the Athletic Director by having parents or guardians come into the office and sign travel consent forms. **NO EXCEPTIONS.**
2. Student athletes should behave in a courteous and respectful manner toward bus drivers and other chaperones.
3. Student athletes will comply with all school district safety regulations.
4. Student athletes will not bring glass containers or potentially hazardous material on the bus.
5. No chewing or smoking tobacco is allowed on the bus.
6. Football cleats, track spikes, baseball cleats or other potentially damaging footwear will not be allowed to be worn on the bus.
7. There will be no food or drinks aboard the bus unless prior permission has been obtained.
8. Coaches and assistant coaches are responsible for checking for litter and for the appearance and the condition of the bus/van. No sunflower seeds on the bus/van at any time.
9. Student athletes should remember they represent Del Norte High School and are getting ready to participate in competition and should behave accordingly.

I understand and assume the responsibility expected of a Del Norte student athlete on the bus/van.

Student Signature _____



1301 El Dorado Street, Crescent City, CA 95531

Tel: (707) 464 - 0260

Fax: (707) 464 - 0785

Photograph and Video Consent

* For students under 18 years old

Student's name _____

(Please print first and last name)

School _____

As the parent or guardian of the above-named student, I hereby give permission for the use of photographs or videos taken of my daughter/son in any newsletter, brochure, newspaper, website, electronic publication or other document that is published, distributed or issued by the Del Norte County Unified School District (DNCUSD) or given by DNCUSD to the media. I understand that any photographs or videos of my child are being produced by DNCUSD for educational purposes.

I further agree to release DNCUSD, its officers, agents, and employees from any and all claims, demands and actions of any kind that I may have against them in regard to the publication of the photographs or display of videos. I understand that if I do not provide written consent, then DNCUSD will not use photographs or videos of my child in its publications.

Parent/Guardian signature _____ Date _____

* For adults and students over 18

Your name _____

(Please print first and last name)

School/Agency _____

I hereby give permission for the use of photographs or videos taken of me in any newsletter, brochure, newspaper, website, electronic publication, or other document that is published, distributed or issued by the Del Norte County Unified School District (DNCUSD) or given by DNCUSD to the media. I understand that any photographs or videos of me are being produced by DNCUSD for educational purposes.

I further agree to release DNCUSD, its officers, agents, and employees from any and all claims, demands and actions of any kind that I may have against them in regard to the publication of the photographs or display of videos. I understand that if I do not provide written consent, then DNCUSD will not use photographs or videos of me in its publications.

Signature _____ Date _____

Del Norte High School

Concussion Information Sheet

Any athlete even suspected of suffering a concussion will 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. Education Code 49475 and CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years.

Concussion Protocol:

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 for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion, determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of no less than seven (7) full days from the time of diagnosis under the supervision of a licensed health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent(s)/guardian(s)/caregiver before the athlete's initial practice or competition. (Approved May 2010 Federated Council/Revised May 2012 Federated Council/Revised January 2015 Federated Council).

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. When in doubt, the athlete sits out.

For current and up-to-date information on concussion you can go to:

<https://www.cdc.gov/headsup/youthsports/index.html>

Print Name of Student-Athlete _____

Signature of Athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____



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 2500), 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/PediatricmTBIGuideline.html>
- <https://www.cdc.gov/headsup/youthsports/index.html>



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.

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

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian Name
Printed

Parent or Legal Guardian
Signature

Date

Fact Sheet for Parents & Student Athletes



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

To learn more, go to KeepTheirHeartInTheGame.org

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your student athlete and have each person sign below.

Detach this section below and return to your school.

Keep the fact sheet to use at your students' games and practices to help protect them from Sudden Cardiac Arrest.

I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

STUDENT ATHLETE NAME PRINTED

STUDENT ATHLETE SIGNATURE

DATE

I have read this fact sheet on sudden cardiac arrest prevention with my student athlete and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

While missing a game may be inconvenient, it would be a tragedy to lose a student athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!



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



1301 El Dorado Street, Crescent City, CA 95531

Tel: (707) 464 - 0260 Fax: (707) 464 - 0785

Del Norte High School Steroid Use Policy

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, that under CIF Bylaw 200.d, there could be penalties for false or fraudulent information. We also understand that the Del Norte County Unified School District/Del Norte High School's policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____



1301 El Dorado Street, Crescent City, CA 95531

Tel: (707) 464 - 0260

Fax: (707) 464 - 0785

Opioid Fact Sheet for Athletes

The following Opioid Factsheet for Athletes is published by the Centers for Disease Control. The athlete and the athlete's parent or guardian must sign this document acknowledging receipt of the Opioid Factsheet.

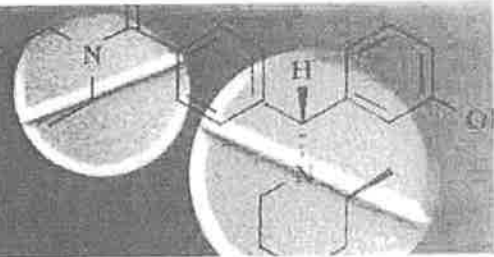
Student Athlete Name _____
(Print Name)

Parent/Guardian Name _____
(Print Name)

Parent/Guardian _____ Date _____
Signature

Student Athlete _____ Date _____
Signature

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®

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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/Resources/forYou).
- ☐ 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.

Rx



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.