



**304 North Acacia Avenue Ripon, California 95366**

# 7th and 8th GRADE AFTER SCHOOL SPORTS PACKET

**The following materials must be completed, signed, and returned to the school office before your student may participate in athletics:**

- **Athletic Eligibility Regulations Signature Form**
- **Insurance Coverage for Student Athletics**
- **Athletic Emergency Card/Authorization of Consent to Treatment of a Minor**
- **Pupil Field Trip Permission Slip & Medical Authorization**

## ***Program Philosophy***

The purpose of the extracurricular athletic program is to teach young people and help build character. It should reflect the same high standards of performance that are evident in the classroom. The program is designed to teach sportsmanship, teamwork, and basic skills of a sport, self-discipline, and knowledge of the rules of the sport. The program exists as a privilege for pupils. As such, pupils are expected to maintain certain standards and levels of commitment to the program.

Sportsmanship Expectations:

- Opposing teams and supporters must be treated hospitably as our guests.
- Team members/players will appropriately root on their team without being obnoxious and presenting themselves in a positive & supportive manner at all events.
- Coaches, players and parents must work together to provide a positive experience at all events.
- Parents/spectators may not approach a coach or Ref. within 24 hours of an event.

## REQUIREMENTS FOR PARTICIPATION ON ATHLETIC TEAMS

Participation in athletics is a privilege carrying with it special responsibilities. The public nature of competitive athletics requires standards which exceed the norm and extend beyond the school community.

- 1.) ON THE FIELD good athletes are respectful towards their teammates, opponents, and officials. They abide by all the rules of the game. They are modest in victory and gracious in defeat.
- 2.) ON CAMPUS good athletes should set an example of good citizenship for their classmates. They should help promote school spirit, and they should be positive leaders in school activities.
- 3.) IN THE CLASSROOM good athletes show respect for teachers and their fellow students. They should maintain good attendance, satisfactory academic grades, and satisfactory citizenship standards.
- 4.) ON TRIPS athletes' conduct is such that they are good representatives of their community, school and team. Athletes are conscious of their appearance and manners at all times.

Athletics means more than competition between individuals representing different schools. It is, rather, a means of learning a way of life with the philosophy that hard work, team work, and good character will bring eventual success. Good habits help to this end. To break training rules and to have poor citizenship interrupts the necessary concentration, destroys morale, and places any team in jeopardy.

The following guidelines have been established to ensure that our athletes and parents understand their responsibilities.

### **BEFORE ATHLETES CAN PRACTICE, they must meet the school insurance requirement, grade requirements and have parent permission forms on file.**

To be a member of an athletic team sponsored by the Ripon Unified School District, a student must:

- 1.) Meet all academic eligibility requirements (achieve at least a 2.0 GPA each trimester while receiving no "F's"; maintain a 1.5 GPA overall for the school year). Beginning 7th grade students will be exempt from this eligibility requirement the first trimester only. After the first trimester, all students must meet the eligibility requirement. If a trimester ends during the playing season, ineligible students will be dropped from the team.
- 2.) Attend all regularly scheduled practices and games. Students may be excused for an excused absence or absence as defined by the Attendance Policy of the District. It is expected that pupils will attend practice sessions on days present at school and the coach will be informed of scheduled absences prior to the day of the absence. Failure to attend a practice session after being in school will be defined as an unexcused absence from practice. Unexcused absences will result in the following:
  - First unexcused absence: counseling by the coach
  - Second unexcused absence: loss of one quarter of playing time in the next contest
  - Third unexcused absence: suspension from the team for one contest
  - Fourth unexcused absence: permanent suspension from the team Note: two tardies for any reason will be the equivalent of one unexcused absence. Tardies that result from transportation between campuses will not be counted. However, tardies due to disciplinary action on the part of teachers or administrators will be counted.

- 3.) Wear appropriate dress to all practices and games. A change of clothes may be required. Proper footwear is required and if practice or game occurs in a school gymnasium, athletic shoes worn as school shoes may not be permitted due to possible damage to the floor. Athletic shoes will be properly and tightly laced for all practices and games.
- 4.) Remove all jewelry (rings, earrings, necklaces watches, hair clips) for practices and games. Bobby pins are okay.
- 5.) Properly maintain all uniforms issued. Uniforms will be washed regularly as directed by the coach. Uniforms will be returned to the school in clean and in good condition within one week of the last game of the season. Athletes may be required to pay for equipment or uniforms that they have lost, damaged, or destroyed.
- 6.) Wear only the issued uniform for all games. Embellishments such as hats or sweats will be removed prior to the beginning of warm-up activities. If T-shirts are to be worn with a uniform, they will be the same color of the uniform.
- 7.) Obtain a physician's verification of any illness or injury that prevents participation in practices and games in excess of three days.
- 8.) Demonstrate proper respect for the rules of the game and the efforts of opponents. Ejection from a game will result in removal from the following game. Commission of a flagrant act of disrespect toward teammates, officials, spectators and/ or opponents will result in disciplinary action by the coach and/or administrator, which may include removal from the team.
- 9.) Participate in a minimum of five practice sessions prior to participating in a game.
- 10.) Follow school rules at all times. Please note that students who are suspended from school are not allowed to return to the school to participate in after school sports, until the suspension is over. Please be aware that possession or use of tobacco, alcohol or drugs is not permitted on or off campus and will result in suspension from school.
- 11.) Parents are responsible for picking their students up at the end of practice and after a game. There is no supervision for these students at these times. School Offices close at 4:00 and a phone is not available after that time.
- 12.) As per the coaches handbook, players will be given a minimum of a quarter game of play time on average during the season. This does not require that a player play in every game, just that the average at the end of the season be one quarter of a game. This should be a quarter of the average season time, not a game. Attendance and discipline issues will affect a players playing time. Tournaments are exempt from this requirement.
- 13.) Students who do not participate in their Physical Education class are not allowed to participate in after school sports for that day.
- 14.) Students may use RUSD district transportation (School to Home route busses) to be transported to games away from their own school in Ripon. A Field Trip permission form must be completed to access bussing for athletic events.
  - A. Students may ride to all contests on district provided or approved transportation.
  - B. For those students using district transportation, coaches need to make arrangements for supervision of these students prior to the game. When RUSD teams play against Ripon Christian, the school route bus will drop off students at Ripon Elementary and then athletes are expected to walk to Ripon Christian

from RE. When RUSD teams play against RE, students riding the route bus will get off at RE and walk to RHS Abeyta-Hortin Gym for all Volleyball and Basketball games.

- C. Students may ride to a contest with his/her parent if written permission is provided. Students are not permitted to leave with anyone other than a parent.
- D. It is a parent's responsibility to pick up their player after practices and games in a timely manner.

15.) Parents are responsible for picking up students after athletic events and practices in a timely manner.

16.) Only athletes on the team are allowed to attend or participate in practices. (younger siblings can not stay and watch practices)

17.) Admission Fees: The RUSD Elementary Athletic program is dependent upon donations and "gate fees" to pay for referees and equipment for all sports. Athletes are not expected to pay but all spectators are expected to pay an admission fee: \$3.00 for Adults, \$1.00 for students. There is no Senior discount. Admissions fees at a tournament are \$4.00 for Adults and \$2.00 for students. Children 4 and younger are free. Currently, games played at Ripon Christian are free for spectators and athletes excluding tournaments.

## **RISK WARNING**

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage, and improvements in equipment have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program and inspecting their own equipment daily. Damaged equipment must be reported immediately.

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur. As a condition of participation in athletics, we acknowledge that we have read and understand the statement of potential risk.

This is acknowledged by my initials on the Athletic Eligibility Regulations Signature Form Attached.

**ATHLETIC ELIGIBILITY REGULATIONS SIGNATURE FORM**

These clearances apply to all sports during the school year.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please read each of the items below and initial after the item, indicating that you have read and understand the information. Please sign at the bottom of the page where indicated.

**ELIGIBILITY REGULATIONS:**

We have read and discussed eligibility requirements.

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Parent Initials

**ACKNOWLEDGMENT OF REQUIREMENTS OF PARTICIPATION:**

I have read the Requirements of Participation for Athletic Teams and understand the requirements placed on a student to be a team member. I also understand that any questions concerning the team should be directed to the coach, Athletic Director, or Principal. I give permission for my child to participate in:

- All Sports
- Volleyball
- Basketball
- Soccer
- Flag Football (one time event)

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Parent Initials

**RISK IN ATHLETIC COMPETITION WARNING:**

We have read and understood the warning statement describing the risks involved in athletic competition. We acknowledge that even if all these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur. As a condition of participation in athletics, we acknowledge that we have read and understand the statement of potential risk.

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Parent Initials

**INSURANCE COVERAGE FOR STUDENTS:**

We have read the Insurance Coverage for Student Athletics and agree to the provisions contained therein. I, as guardian, hereby give my consent for the above named student to compete in sports, and to go with a representative of the school on any trips. In case this student is injured, the school is authorized to have him/her treated. I am enclosing either the Insurance Coverage for Student Athletics Form with a copy of my health insurance card or purchasing the insurance provided by the school.

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Parent Initials

**TRANSPORTATION:**

Transportation to games may be provided by the district via school-to-home route busing. Parents are expected to pick up their child upon completion of each athletic event. Transportation after athletic competitions is not provided by Ripon Unified School District.

\_\_\_\_\_  
Student Initials

\_\_\_\_\_  
Parent Initials

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

**PLEASE SIGN ALL STATEMENTS AND RETURN TO THE SCHOOL OFFICE.**

## INSURANCE COVERAGE FOR STUDENT ATHLETICS

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 enrol in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Student Services at (209)599-2131. (Ed.Code 32221.5)

### PLEASE CHECK ALL THAT APPLY

I wish to use personal health insurance policy to satisfy the required medical insurance coverage requirement of a least \$1,500 for my child. I have attached a copy of my insurance card (front and back) for verification.

I wish to voluntarily purchase insurance offered by the District.

If my child's insurance is cancelled or otherwise changes, I will inform the District immediately. I understand that should I fail to so notify the District of changes to my child's insurance, I will be fully responsible for the cost of all medical services provided for my child.

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Name of Student (Print)

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Name of Parent/Guardian (Print)

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Signature of Parent/Guardian

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Date

**ATHLETIC EMERGENCY CARD**      **SCHOOL YEAR:** \_\_\_\_\_

NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_  
          Last                              First                              MI

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
          Street                              City                              Zip

Father/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ cell: \_\_\_\_\_

**In Case of injury or sickness and parent cannot be reached, notify:**

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a s representative of the school on any trip. In case this student becomes ill or is injured, the school is authorized to have this student treated. Proper authorization for medical treatment and insurance verification is on file with the school. In addition, the Ripon Unified School District, its officers and employees assume no liability of any nature in relation to the transportation or treatment of your student(s). I understand that all costs of paramedic/ ambulance transportation, hospitalization, and any examination, x-ray, or treatment provided to my child shall be borne by me.

**The Ripon Unified School District does not provide medical or accident insurance for school related injuries.**  
**IN CASE OF EMERGENCY YOU HAVE MY AUTHORIZATION TO CALL AN AMBULANCE AND MEDICAL CARE ON MY BEHALF.**

**Preferred Emergency Hospital** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**California Law (Education Code Sections 3220-21) requires every member of any interscholastic athletic team as well as those associated directly with any interscholastic team, athletic event, including cheerleaders, team mascots, team managers, etc. to possess accidental bodily insurance providing at least \$1500 of scheduled medical and hospital benefits. Please specify below the required insurance coverage you have provided for your son/daughter.**

**Insurance coverage** \_\_\_\_\_ **Policy/Medical#** \_\_\_\_\_

**SCHOOL USE ONLY**

Ripon Unified School District

Education Code §35330





**PUPIL FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION**

*(To be completed by parent, guardian or caregiver)*

**Please complete and return this form to the supervising teacher of the field trip/activity.** No pupil will be permitted to participate in this activity without this form on file.

\_\_\_\_\_  
[Pupil's Name (print)]

\_\_\_\_\_  
[Date of Birth]

pupil at \_\_\_\_\_ School, has my permission to participate in the following activity:  
**After School Sports 2019-20**

Destination: **RUSD Elementary Schools**

Method of Transportation: **RUSD Route Bus**

Departure Date & Time: **2:00 or 3:00 pm**

Return Date & Time: **Parent Must pick up**

Departure Location: **(insert School's name)**

**MEDICAL AUTHORIZATION**

We(I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child/ward to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

1. All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless the District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation or our (my) child/ward in any activities covered by this permission slip.
5. We (I) fully understand that all persons making the field trip or excursion are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.
6. If our/my child/ward has a special medical condition and/or physical disability diagnosed by a physician. A description of that medical condition and/or physical disability is attached hereto.

Student Name: \_\_\_\_\_

**A special note to Parent/Guardian/Caregiver:**

1. All medications taken by your child/ward while participating in the activities covered by this permission slip must be prescribed by a physician and registered on a district form on file at the school office and on this form.
2. All medication prescribed by a physician for your child/ward must be kept and administered by District staff.
3. \_\_\_\_\_ Check here if your child/ward has a special medical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
4. List any medication that your child/ward must take while participating in the activities covered by this permission slip and for each medication listed provide the dosage and reason for the medication. **Note: All medications listed on this form must be covered by a district form on file at the school office.**

Name of Medication	Dosage	Reason(s)
_____	_____	_____
_____	_____	_____

5. My child/ward is allergic to the following medications: \_\_\_\_\_

6. My child/ward is allergic to the following foods, materials, etc.: \_\_\_\_\_

**I acknowledge that I have carefully read this Pupil Field Trip Permission Slip and Medical Authorization Form and I understand and agree to its terms.**

Address: \_\_\_\_\_

Phone numbers where I can be reached during this activity:

Emergency contact if I cannot be reached \_\_\_\_\_

Name

Phone No.

\_\_\_\_\_  
Pupil's Medical Insurance Carrier

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian/Caregiver (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form must be kept with the teacher/coach during the entire activity, and a copy must be kept on file at the school site.**  
Education Code §35330



California Department of Education

Updated March 2018

## Parent/Guardian and Pupil Sudden Cardiac Arrest Warning Signs and Symptoms Information and Acknowledgment Form

On July 1, 2017, Assembly Bill 1639, known as the Eric Parades Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form, a form located on the California Interscholastic Association (CIF) website, or design their own form. An SCA acknowledgment form must be signed and returned to the school site each school year.

**What Is SCA?** SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

**Who Is at Risk for SCA?** Thousands of sudden cardiac arrests occur among youth each year, as it contributes to the #2 medical cause of death of youth under the age of 25 and is the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

### Possible Warning Signs and Risk Factors

- 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
- Family history of sudden death or heart disease under age 50
- Use of high-caffeine supplements, energy drinks, diet pills, and drugs

**Removal from Activity** A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a physician and surgeon, nurse practitioner or physician's assistant. I have reviewed and understand the symptoms, warning signs, and risk factors associated with SCA.

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Print Student/Athlete Name

Signature Student/Athlete

Date

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Print Parent/Guardian Name

Signature Parent/Guardian

Date

The CDE used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/V>) Eric Paredes Save a Life Foundation: Keep Their Heart in the Game (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>).



# Keep Their Heart in the Game

## Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

**What is sudden cardiac arrest?** Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

### How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

### What should you do if your student-athlete is experiencing symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is

crucial to alert an adult and get follow-up care as soon as possible with a physician, surgeon, nurse practitioner or physician assistant. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

**FAINTING**  
is the  
#1 SYMPTOM  
OF A HEART CONDITION

## Recognize the Signs & Risk Factors

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

## Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Recognition of Sudden Cardiac Arrest



Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

### Call 9-1-1



Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

### Hands-Only CPR



Begin CPR immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

### Defibrillation



Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

### Advanced Care



Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

# Keep Their Heart in the Game

## Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

### What is an AED?



An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

### What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

### For more information about Sudden Cardiac Arrest visit

California Department  
of Education  
[cde.ca.gov](http://cde.ca.gov)

Eric Paredes Save  
A Life Foundation  
[epsavealife.org](http://epsavealife.org)

California Interscholastic  
Federation (CIF)  
[cifstate.org](http://cifstate.org)

National Federation of High Schools Free  
20-Min. Training Video For Coaches, Parents or  
Anyone Involved in Student Sports Activities  
[nfhslern.com/courses/61032](http://nfhslern.com/courses/61032)