



# Athletics Risk Management Guidelines

**Students have a right to a safe school environment.**

**Disclaimer:**

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## **TABLE OF CONTENTS**

<b>BACKGROUND.....</b>	<b>3</b>
<b>GOAL.....</b>	<b>3</b>
<b>SAFETY RECOMMENDATIONS.....</b>	<b>4</b>
<b>POTENTIAL LIABILITY AT DISTRICT ATHLETIC EVENTS.....</b>	<b>5</b>
<b>RISK ISSUES ASSOCIATED WITH COACHING.....</b>	<b>6</b>
<b>MEDICAL AUTHORIZATION, WAIVER AND ASSUMPTION OF RISK, AND PERMISSION.....</b>	<b>7</b>
<b>ATHLETICS' RISK AND SECTION 504.....</b>	<b>8</b>
<b>OVERVIEW OF § 504 REQUIREMENTS.....</b>	<b>9</b>
<b>DO NOT ACT ON GENERALIZATIONS AND STEREOTYPES.....</b>	<b>10</b>
<b>ENSURE EQUAL OPPORTUNITY FOR PARTICIPATION.....</b>	<b>10</b>
<b>OFFERING SEPARATE OR DIFFERENT ATHLETIC OPPORTUNITIES.....</b>	<b>12</b>
<b>EXHIBIT 1 - CHEERLEADER SAFETY RECOMMENDATIONS.....</b>	<b>14</b>
<b>EXHIBIT 2 - CONCUSSION PREVENTION RECOMMENDATIONS.....</b>	<b>15</b>
<b>EXHIBIT 3 - REQUIREMENTS FOR TEMPORARY AND “WALK-ON” COACHES.....</b>	<b>16</b>
<b>FORM 1 - ATHLETIC INSURANCE CERTIFICATION FORM.....</b>	<b>17</b>
<b>FORM 2 - ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY CLASS/ACTIVITY.....</b>	<b>18</b>
<b>FORM 3 - MEDICAL TREATMENT AUTHORIZATION.....</b>	<b>19</b>
<b>FORM 4 - CLASS/ACTIVITY PERMISSION.....</b>	<b>20</b>
<b>FORM 5 - HEALTH HISTORY AND PHYSICAL EXAMINATION.....</b>	<b>21</b>
<b>FORM 6 - STUDENT AUTHORIZATION/CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION.....</b>	<b>23</b>



# ATHLETICS RISK MANAGEMENT GUIDELINES<sup>1</sup>

## BACKGROUND

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***Students have a right to a safe school environment.***

Article I, § 28(c) of the California Constitution provides that all public school students "have the inalienable right to attend campuses which are safe, secure, and peaceful."

***Districts may be liable for non-supervision of students because there is no discretion not to supervise them.***

California Government Code § 815.6 states that "Where a public entity is under a mandatory duty imposed by an enactment that is designed to protect against the risk of a particular kind of injury, the public entity is liable for an injury of that kind proximately caused by its failure to discharge the duty unless the public entity establishes that it exercised reasonable diligence to discharge the duty."

***Certificated employees have a duty to supervise and discipline students on the way to and from school, on playgrounds, in hallways and restrooms, and at recess when under the District's control. Such discipline excludes corporal punishment.***

California Education Code § 44807 states that "Every teacher in the public schools shall hold pupils to a strict account for their conduct on the way to and from school, on the playgrounds, or during recess. A teacher, vice principal, principal, or any other certificated employee of a school District, shall not be subject to criminal prosecution or criminal penalties for the exercise, during the performance of his duties, of the same degree of physical control over a pupil that a parent would be legally privileged to exercise but which in no event shall exceed the amount of physical control reasonably necessary to maintain order, protect property, or protect the health and safety of pupils, or to maintain proper and appropriate conditions conducive to learning. The provisions of this section are in addition to and do not supersede the provisions of Section 49000."

California Education Code § 49000 states that "The Legislature finds and declares that the protection against corporal punishment, which extends to other citizens in other walks of life, should include children while they are under the control of the public schools. Children of school age are at the most vulnerable and impressionable period of their lives and it is wholly reasonable that the safeguards to the integrity and sanctity of their bodies should be, at this tender age, at least equal to that afforded to other citizens."

## GOAL

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**Schools seek to maintain a safe, secure environment, including a safe, secure athletic environment.** By carefully selecting and retaining quality coaches and athletic trainers, by maintaining safe fields and athletic equipment, and by supervising athletes with the best available techniques and methods, Districts can accomplish this goal.

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<sup>1</sup> See also **ASCIP Student Supervision Guidelines** and **ASCIP Child Abuse Prevention Guidelines**.

## **SAFETY RECOMMENDATIONS**

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Districts have an obligation to provide its athletes safe, secure facilities and sports programs. While Districts are not responsible for every injury that may occur since athletes assume a certain amount of risk, Districts can avoid or mitigate sports injury negligence lawsuits by following these ASCIP athletic safety recommendations:

- Require compliance with California Department of Education *Physical Education Model Content Standards for California Public Schools Kindergarten Through Grade Twelve*
- Require mandatory medical examinations and a medical history from prospective athletes before allowing athletes to participate.
- Emphasize proper, gradual, and complete physical conditioning in order to provide athletes with optimal readiness for the rigors of their sports.
- Seek to have an adequately prepared and qualified team trainer who is a regular member of the faculty.
- Prepare and maintain a written emergency procedure manual to deal with the possibility of catastrophic injuries.
- Emphasize employment of well-trained athletic personnel and utilization of excellent facilities and the safest and best equipment available.
- Strictly enforce game rules and administrative regulations to protect the health of the athlete. Coaches and school officials must support the game officials with respect to their team's conduct at athletic contests.
- Know and teach the proper fundamental skills of all sports. In particular, the proper fundamentals of blocking and tackling should be emphasized to help reduce head and neck injuries in football.
- Keep up with ongoing safety research in athletics (rules, facilities, equipment).
- When an athlete has experienced or shown signs of head trauma (loss of consciousness, visual disturbance, headache, inability to walk correctly, disorientation, memory loss), provide immediate medical attention and should not be allowed to return to practice or the game without permission from the proper medical authorities.
- Warn athletes and their parents of the risks of injuries, and obtain proper, signed "authorization, waiver and assumption of risk" forms.

- Post safety rules at play locations.
- Maintain an Emergency Action Plan (EAP) with general policies (such as Reporting an Injury and Inclement Weather Policies)
- Maintain other policies, as appropriate (such as Steroids, Alcohol and Drugs)
- Conduct regular loss control inspections of facilities and equipment.
- Certify coaches and staff in standard first aid and CPR.

### **POTENTIAL LIABILITY AT DISTRICT ATHLETIC EVENTS**

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Potential liability in the context of organized athletic events can arise from many activities. The following is a non-exhaustive list of examples:

- Pre-participation physicals and screening examinations,
- Providing or refusing initial medical clearance to play in any particular athletic activity,
- Lack of adequate facilities and/or the availability of adequate medical equipment for use by team physicians and/or athletic trainers,
- Lack of provision of adequate training in the use of particular safety equipment and gear by the athlete,
- Absence of planning for athletic injuries and emergency situations that may arise in the context of any individual athletic event and having those involved (including but not limited to physicians, team athletic trainers, and coaches) knowledgeable with the applicable plan,
- Misdiagnosis and/or maltreatment of injuries occurring during the athletic activity,
- Errors or omissions in return-to-play medical decisions following assessment and treatment of injuries,
- Lack of informed consent in the context of clearance to play,
- Errors or omissions related to the relationship between a team physician and athletic trainer (whether certified or not) and appropriate supervision,
- Recommendations for and follow-up medical care and assessments,
- Inappropriate disclosure of confidential medical information, including violation of federal statutes such as Health Insurance Portability and Accountability Act of

1996 (HIPAA) and Family Educational Rights and Privacy Act<sup>2</sup> (FERPA)<sup>3</sup>,

- Inadequate certification/training/supervision of coaches, physicians, athletic trainers, and others,
- Potential contributory negligence by the athlete, and
- Maintenance of, knowledge of, and prescription of pharmaceutical drugs and other supplements.

## **RISK ISSUES ASSOCIATED WITH COACHING<sup>4</sup>**

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ASCIP recommends that the goal of Districts' screening and hiring processes with respect to coaches is to select the best qualified, credentialed people for coaching positions while screening out individuals who have sexually abused youth or are at risk to abuse. The hiring process with respect to full-time, District coaches should include protocols responsive to child abuse prevention. A fuller discussion of this topic is presented in ASCIP's Child Abuse Prevention Guidelines.

Many Districts also utilize temporary and "walk-on" coaches and assistants to supplement their regular coaching staff. ASCIP recommends that temporary staff meet the following requirements through demonstrated knowledge and competence in these areas:

Care and prevention of athletic injuries, basic injury first aid, and emergency procedures as evidenced by one or more of the following:

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<sup>2</sup> Under FERPA, a high school athletic program can release the **height and weight** of a student athlete (for example, a wrestler) **as part of a sports information sheet**. However, **disclosure of student athlete injuries or medical treatments** is protected information under HIPAA and, as such, **is not allowable**.

<sup>3</sup> Under FERPA, as long as the District has disclosed its intent in advance, the District may release any directory information on a student with the exception of the following data elements: Social Security Number, student health information, discipline information (infractions, outcomes, etc.), state-assigned student ID, lunch status (free or reduced lunch), socioeconomic status, Title I status, IEP status and details, exceptionality, individual assessment results and course grades, migrant status, homeless status, Medicaid status, and other data elements that parents/guardian may have requested to exclude from directory after said disclosure.

<sup>4</sup> Legal references for this Section include AB1025, Education Code § 35179.1 (b)(4), Education Code § 44258.7 (b), and Title 5 Article 5. Also, note that some liability protection of volunteer coaches is offered by the federal Volunteer Protection Act (VPA).<sup>42</sup> The VPA provides that "no volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if ... the volunteer was acting within the scope of the volunteer's responsibility in the nonprofit organization or governmental entity at the time of the act or omission." For instance, in one case a court found that the VPA granted the volunteer coach of a nonprofit soccer club immunity from liability for personal injuries his player suffered after the coach allegedly tripped and fell onto him during practice. However, the court held that the nonprofit soccer club itself was not immunized by the VPA. Even though the plaintiff's claims against the soccer club were brought solely under an agency theory, the court found that the club was not entitled to immunity based on the plain language of the VPA.

- Completion of a college-level course in the care and prevention of athletic injuries and possession of a valid Cardiopulmonary Resuscitation (CPR) card; or
- A valid sports injury certificate or first aid card, and a valid Cardiopulmonary Resuscitation (CPR) card; or
- A valid Emergency Medical Technician (EMT) I or II card; or
- A valid trainer's certification issued by the National or California Athletic Trainers' Association (NATA/CATA)

Coaching theory and techniques in the sport or game being coached, as evidenced by one or more of the following:

- Completion of a college-level course in coaching theory and techniques; or
- In service programs arranged by the District or its County Office of Education; or
- Prior experience as a student coach or assistant coach in the sport or game being coached;
- Prior coaching experience in community youth athletic programs in the sport to be coached;
- Prior participation in organized competitive athletics at the high school level or above in the sport to be coached.
- Knowledge of the rules and regulations pertaining to the sport or game being coached, the league rules and, at the high school level, CIF regulations.

Child or adolescent psychology as it pertains to sports participation as evidenced by one or more of the following:

- Completion of a college-level course in adolescent or sports psychology; or
- Completion of a seminar or workshop on growth and development of youth; or
- Prior active involvement with youth in a school or community sports program.

### **MEDICAL AUTHORIZATION, WAIVER AND ASSUMPTION OF RISK, AND PERMISSION**

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Athletics and other physical activities pose unique hazards and risks. Exposure to claims may be mitigated by showing that the participant was aware of the risks. A participant who is aware of the risks and is subsequently injured may be considered comparatively

negligent.

ASCIP recommends, at a minimum, that the Medical Authorization, Waiver and Assumption of Risk, and Class/Activity permission forms be executed for voluntary sports and recreational activities, including but not limited to:

- Baseball
- Basketball
- Bicycling
- Cheerleading
- Cross Country
- Challenge Courses
- Diving
- Football
- Gymnastics
- Hiking
- Hockey
- Ice Skating
- Judo/Karate, etc.
- Kayaking/Canoeing
- La Crosse
- Mountain Climbing
- Rock Climbing
- Rugby
- Scuba Diving
- Skating Boarding
- Snow Skiing
- Soccer
- Surfing
- Swimming
- Track and Field
- Water Polo
- Water Skiing
- Wrestling

Please refer to the sample **Forms 2, 3, and 4** at the end of these guidelines. Each form should be signed by the parent/guardian (if the student is younger than 18) and participant. This form can also be modified for use by adult athletes, volunteers, or chaperones that participate in the listed activities or engage in other high-risk activities.

#### **ATHLETICS' RISK AND SECTION 504**

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Extracurricular athletics including club, intramural, or interscholastic (e.g., freshman, junior varsity, varsity) athletics at all education levels are an important component of an overall education program. Its benefits include socialization, teamwork, leadership skills, and fitness. Unfortunately, students with disabilities are not always afforded an equal opportunity to participate in extracurricular athletics in public elementary and secondary schools.<sup>5</sup>

To ensure that students with disabilities consistently have opportunities to participate in extracurricular athletics equal to those of other students, the U.S. Department of

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<sup>5</sup> United States Government Accountability Office, *Students with Disabilities: More Information and Guidance Could Improve Opportunities in Physical Education and Athletics*, No. GAO-10-519, at 1, 31 (June 2010), available at <http://www.gao.gov/assets/310/305770.pdf>. See pages 20-22, 25-26.



Education has provided guidance as an overview of the obligations of public elementary and secondary schools under Section 504 and its regulations. Briefly, it states that students with disabilities must be provided an equal opportunity to participate in athletics, including intercollegiate, club, and intramural athletics.

### **Overview of § 504 Requirements**

Under Section 504 regulations, a District is required to provide a qualified student with a disability an opportunity to benefit from the District's programs equal to that of students without disabilities. For purposes of Section 504, a person with a disability is one who:

1. has a physical or mental impairment that substantially limits one or more major life activities;
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

With respect to public elementary and secondary educational services, "qualified" means a person:

1. of an age during which persons without disabilities are provided such services,
2. of any age during which it is mandatory under state law to provide such services to persons with disabilities, or
3. to whom a state is required to provide a free appropriate public education (FAPE) under the Individuals with Disabilities Education Act (IDEA).

Of course, simply because a student is a "qualified" student with a disability does not mean that the student must be allowed to participate in any selective or competitive program offered by a District; a District may require a level of skill or ability of any student in order for that student to participate in a selective or competitive program or activity, so long as the selection or competition criteria are not discriminatory.

Among other things, Section 504 regulations prohibit Districts from:

1. denying a qualified student with a disability the opportunity to participate in or benefit from an aid, benefit, or service;
2. affording a qualified student with a disability an opportunity to participate in or benefit from an aid, benefit, or service that is not equal to that afforded others;
3. providing a qualified student with a disability with an aid, benefit, or service that is not as effective as that provided to others and does not afford that student with an equal opportunity to obtain the same result, gain the same benefit, or reach the same level of achievement in the most integrated setting appropriate to the

student's needs;

4. providing different or separate aid, benefits, or services to students with disabilities or to any class of students with disabilities unless such action is necessary to provide a qualified student with a disability with aid, benefits, or services that are as effective as those provided to others; and
5. otherwise limiting a qualified individual with a disability in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.

Section 504 regulations also require Districts to provide a free appropriate public education (Section 504 FAPE) to each qualified person with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the person's disability.

ASCIP recommends that Districts adopt grievance procedures that incorporate appropriate due process standards and that provide for prompt and equitable resolution of complaints alleging violations of the Section 504 regulations.

The District's legal obligation to comply with Section 504 regulations supersedes any rule of any association, organization, club, or league that would render a student ineligible to participate, or limit the eligibility of a student to participate, in any aid, benefit, or service on the basis of disability. It would violate the District's obligations under Section 504 to provide significant assistance to any association, organization, club, league, or other third party that discriminates on the basis of disability in providing any aid, benefit, or service to the school district's students. To avoid violating their Section 504 obligations in the context of extracurricular athletics, Districts should work with their athletic associations to ensure that students with disabilities are not denied an equal opportunity to participate in interscholastic athletics.

### **Do Not Act On Generalizations and Stereotypes**

A District may not operate its program or activity on the basis of generalizations, assumptions, prejudices, or stereotypes about disability generally, or specific disabilities in particular. A District also may not rely on generalizations about what students with a type of disability are capable of—one student with a certain type of disability may not be able to play a certain type of sport, but another student with the same disability may be able to play that sport.

### **Ensure Equal Opportunity for Participation**

A District that offers extracurricular athletics must do so in such manner as is necessary to

afford qualified students with disabilities an equal opportunity for participation. This means making reasonable modifications and providing those aids and services that are necessary to ensure an equal opportunity to participate, unless the District can show that doing so would be a fundamental alteration to its program. Of course, a District may adopt *bona fide* safety standards needed to implement its extracurricular athletic program or activity. A District, however, must consider whether safe participation by any particular student with a disability can be assured through reasonable modifications.

Schools may require a level of skill or ability for participation in a competitive program or activity; **equal opportunity does not mean, for example, that every student with a disability is guaranteed a spot on an athletic team for which other students must try out.** A District must, however, afford qualified students with disabilities an equal opportunity for participation in extracurricular athletics in an integrated manner to the maximum extent appropriate to the needs of the student. This means that a District must make reasonable modifications to its policies, practices, or procedures whenever such modifications are necessary to ensure equal opportunity, unless the District can demonstrate that the requested modification would constitute a fundamental alteration of the nature of the extracurricular athletic activity.

In considering whether a reasonable modification is legally required, the District must first engage in an individualized inquiry to determine whether the modification is necessary. If the modification is necessary, the District must allow it unless doing so would result in a fundamental alteration of the nature of the extracurricular athletic activity. A modification might constitute a fundamental alteration if it alters such an essential aspect of the activity or game that it would be unacceptable even if it affected all competitors equally (such as adding an extra base in baseball). Alternatively, a change that has only a peripheral impact on the activity or game itself might nevertheless give a particular player with a disability an unfair advantage over others and, for that reason, fundamentally alter the character of the competition. Even if a specific modification would constitute a fundamental alteration, the District would still be required to determine if other modifications might be available that would permit the student's participation.

To comply with its obligations under Section 504, a District must also provide a qualified student with a disability with needed aids and services, if the failure to do so would deny that student an equal opportunity for participation in extracurricular activities in an integrated manner to the maximum extent appropriate to the needs of the student.

## Offering Separate or Different Athletic Opportunities

In providing or arranging for the provision of extracurricular athletics, a District must ensure that a student with a disability participates with students without disabilities to the maximum extent appropriate to the needs of that student with a disability. The provision of unnecessarily separate or different services is discriminatory. Districts should work with their community and athletic associations to develop broad opportunities to include students with disabilities in all extracurricular athletic activities.

Students with disabilities who cannot participate in the District's existing extracurricular athletics program – even with reasonable modifications or aids and services<sup>6</sup> – should still have an equal opportunity to receive the benefits of extracurricular athletics. When the interests and abilities of some students with disabilities cannot be as fully and effectively met by the District's existing extracurricular athletic program, the District should create additional opportunities for those students with disabilities.<sup>7</sup>

In such circumstances, a District should offer students with disabilities opportunities for athletic activities that are separate or different from those offered to students without disabilities. These athletic opportunities provided by a District should be supported equally, as with the District's other athletic activities. Districts must be flexible as they develop programs that consider the unmet interests of students with disabilities. For example, an increasing number of Districts are creating disability-specific teams for sports such as wheelchair tennis or wheelchair basketball. When the number of students with disabilities at an individual school is insufficient to field a team, Districts can also:

- (1) develop district-wide or regional teams for students with disabilities as opposed to a school-based team in order to provide competitive experiences;
- (2) mix male and female students with disabilities on teams together; or

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<sup>6</sup> Reasonable accommodations should “**not** (1) fundamentally alter the sport, (2) heighten risk to the athlete/others, or (3) place opponents at a disadvantage.” For example, a Connecticut high school girl “who is an excellent swimmer and a member of the varsity team, has had both legs amputated from the knee down. She is allowed to start in the water rather than from the block,” a New York visually impaired swimmer “is allowed to have another athlete at the end of the pool splash water to let him know how close he is to the wall,” and a New York autistic student “who is on the school cross country team is allowed to have an adult with him as a “guide” when he runs.” Such accommodations have the approval of the participating schools and their respective state interscholastic associations.

<sup>7</sup> For example, Special Olympics Unified Sports, an inclusive sports program that combines individuals with intellectual disabilities and partners without intellectual disabilities on teams for training and competition, is a significant growing program that has had direct results in building more inclusive school climates. Information about this free program can be obtained at <http://www.specialolympics.org/unified-sports.aspx>

(3) offer “allied” or “unified” sports teams on which students with disabilities participate with students without disabilities.

Districts, in coordination with students, families, community and advocacy organizations, athletic associations, and other interested parties, should support these and other creative ways to expand such opportunities for students with disabilities.

## EXHIBIT—ATHLETICS RISK MANAGEMENT 1

### \_\_\_\_\_ DISTRICT CHEERLEADER SAFETY RECOMMENDATIONS



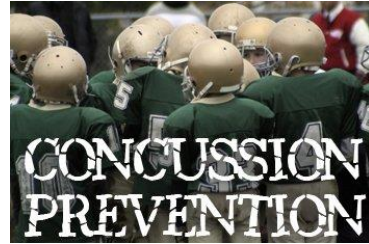
Following is a list of recommendations that may help prevent cheerleading injuries:

- Cheerleaders should have a medical examination before they are allowed to participate including a complete medical history.
- Cheerleaders should be trained by a qualified coach with training in gymnastics and partner stunting. This person should also be trained in the proper methods for spotting and other safety factors.
- Cheerleaders should be exposed to proper conditioning programs and trained in proper spotting techniques.
- Cheerleaders should receive proper training before attempting gymnastic type stunts and should not attempt stunts they are not capable of completing. A qualification system demonstrating mastery of stunts is recommended.
- Coaches should supervise all practice sessions in a safe facility.
- Mini-trampolines and flips or falls off of pyramids and shoulders should be prohibited.
- Pyramids over two high should not be performed. Two high pyramids should not be performed without mats and other safety precautions.
- If it is not possible to have a physician or athletic trainer at games and practice sessions, emergency procedures must be provided. The emergency procedure should be in writing and available to staff and athletes.
- There should be continued research concerning safety in cheerleading.
- When a cheerleader has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, disorientation, or memory loss) she/he should receive immediate medical attention and should not be allowed to practice or cheer without permission from the proper medical authorities. It is important for a physician to observe athletes with head injuries for several days following the injury.
- Cheerleading coaches should have a safety certification. The American Association of Cheerleading Coaches and Advisors offers this certification. Refer to <http://www.AACCA.org>.

## EXHIBIT—ATHLETICS RISK MANAGEMENT 2

### \_\_\_\_\_ DISTRICT CONCUSSION PREVENTION RECOMMENDATIONS

Many catastrophic head injuries are a direct result of injured athletes returning to play too soon. The Centers for Disease Control (CDC) reports that approximately 3 million sports and recreational concussions occur every year in the United States.



California law requires that all coaches receive training on concussions. This training may be fulfilled through the free, online course available through the National Federation of State High School Associations (NFHS) at <http://nfhslearn.com/courses/38000>.

On January 1, 2015, Education Code § 49475 modified California's concussion law. It now addresses limitations to full-contact activities in tackle football, concussion management, and return to play following concussion or other head injury.

Concussions and other head injuries affect thousands of middle and high school aged student athletes annually. In general, these athletes have not been afforded the same standard of care that is customary at the collegiate and professional ranks. Thus, as symptoms are varied and not necessarily specific to concussions, many injuries go undetected and under-reported as students keep injuries to themselves wishing to continue to compete.

Education Code § 49475:

1. prohibits the return of an athlete who is suspected of sustaining a concussion or head injury during an activity to that activity until he or she is evaluated by, and receives written clearance from, a licensed health care provider, as specified.
2. requires, annually, a concussion and head injury information sheet to be signed and returned to a school site, by the athlete and the athlete's parent or guardian, before the athlete may begin practice or competition.
3. requires a graduated return to play (RTP) protocol of no less than 7 days, in cases where it is determined by the licensed health care professional that the athletes sustained a concussion, is mandatory. The RTP shall be carried out under the supervision of a licensed health care professional. This RTP will provide for a gradual increase in exertion, over the period, offering an individual time to resolve and demonstrate a readiness to return to participation.

## **EXHIBIT—ATHLETICS RISK MANAGEMENT 3**

### **\_\_\_\_\_ DISTRICT REQUIREMENTS FOR TEMPORARY AND “WALK-ON” COACHES**

Certain duties should be met prior to utilizing temporary and “walk-on” coaches/assistant coaches. The following requirements are recommended:

- Applicant should provide written documentation from a licensed physician showing evidence of freedom from tuberculosis and any other contagious disease that would prohibit a certificated employee from being hired.
- Applicant should provide recommendations attesting to his or her good moral character and fitness to associate with student athletes.
- Applicant should be fingerprinted in accord with the Department of Justice.
- A criminal background checks should be conducted in accordance with District hiring policy.
- A thorough review of prior employment history should be undertaken.
- References should be checked.
- Checks for prior convictions involving moral turpitude, unfitness to associate with children, and registered sex offenses should be undertaken.
- A standard orientation covering such topics as safety, bloodborne pathogens, sexual harassment, etc. should be administered and documented.



# SAMPLE DISTRICT FORM—ATHLETICS RISK MANAGEMENT 1

## \_\_\_\_\_ DISTRICT ATHLETIC INSURANCE CERTIFICATION FORM

Student's Name: \_\_\_\_\_

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

I hereby certify, under penalty of perjury, that the above-named pupil is covered by valid insurance that provides the following:

- (1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts: (*Ed. Code 32221*)
  - (a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
  - (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).
  - (c) At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses.
- (2) I hereby agree that this policy shall not be cancelable without at least 10 days prior written notice to the District.

Insurance protection in any of the above amounts shall be provided through group, blanket, or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Department of Industrial Relations of the State of California, effective October 1, 1966. (*Ref. Ed. Code 32221*)

I will maintain the above coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet the above requirements.

\_\_\_\_\_  
Insurance Company Policy/Group No.

\_\_\_\_\_  
Expiration Date of Policy Date

\_\_\_\_\_  
Parent/Guardian Signature(s) Parent/Guardian Name(s) – Please Print  
(If participant is under age 18)

**SAMPLE DISTRICT FORM—ATHLETICS RISK MANAGEMENT 2**  
**WAIVER, RELEASE AND INDEMNITY AGREEMENT**  
**ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY CLASS/ACTIVITY**

Participant: \_\_\_\_\_

Description of Class/Activity: \_\_\_\_\_ Name of School: \_\_\_\_\_

Date(s) of Class/Activity: \_\_\_\_\_

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN THE ABOVE CLASS/ACTIVITY, I CONFIRM THAT I HAVE CAREFULLY READ THIS FORM WHICH EXPLAINS THE RISKS I AM ASSUMING BY PARTICIPATING IN THE CLASS/ACTIVITY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE DISTRICT OFFICE OF RISK MANAGEMENT AT [( ) \_\_\_\_\_.]

(1) **Assumption of Risks:** I understand that the above-listed class/activity, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. I understand and appreciate the risks that are inherent in the class/activity. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the class/activity is voluntary and that I knowingly assume all such risks. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations, but understand that I am ultimately responsible for my own safety, and I agree to abide by all rules and regulations governing the class/activity.

(2) **Hold Harmless, Indemnity and Release:** In consideration of permission to participate in the above listed class/activity, I agree here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the [ \_\_\_\_\_ District] ("District"), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from my participation in the class/activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue, and am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE CLASS/ACTIVITY, AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS PERMISSION, ASSUMPTION OF RISK, AND HOLD HARMLESS, INDEMNITY AND RELEASE.

\_\_\_\_\_  
Parent/Guardian Signature(s)  
(If participant is under age 18)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name(s) (Please Print)

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Street Address      City      State      Zip Code

**SAMPLE DISTRICT FORM—ATHLETICS RISK MANAGEMENT 3**  
**MEDICAL TREATMENT AUTHORIZATION**

Participant: \_\_\_\_\_

Description of Class/Activity: \_\_\_\_\_ Name of School: \_\_\_\_\_

Date(s) of Class/Activity: \_\_\_\_\_

I hereby request permission to participate in the aforementioned class/activity understand that the class/activity, by its very nature, includes certain inherent risks and could cause minor injury, major injury, and serious injury, including permanent disability and death. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I further acknowledge that the District does not provide liability or medical insurance coverage for participants who participate in this class/activity.

\_\_\_\_\_ I have no special health needs the staff should be aware of, and no medication is required during this class/activity.

\_\_\_\_\_ Other: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 (e.g., Blue Cross)

In the event of an emergency, please contact:

\_\_\_\_\_ Work: ( ) \_\_\_\_\_  
 (Name) (Relationship) Home: ( ) \_\_\_\_\_

**One Check and Parent/Guardian Signee's(') or Participant's (if 18 or older) Initials for Each Line is Required:**

YES	NO	Initials	Health or Special Need
			Participant has <b>no</b> special health needs the staff should be aware of, and <b>no</b> medication is required.
			Participant has a chronic allergic condition or temporary medical or physical condition, and instructions are attached. No. of attached pages: _____.
			Participant has a special need covered by Section 504 and/or an individualized education plan (IEP).
			Participant has a history of head injury or concussion. If yes, attach description with a copy of written clearance form from your licensed healthcare provider. No. of attached pages: _____.
			Other (please describe): _____ No. of attached pages: _____.

\_\_\_\_\_  
 Parent/Guardian Signature(s) Participant Signature Date  
 (If participant is under age 18)

\_\_\_\_\_  
 Parent/Guardian Name(s) (Please Print) Phone Number(s)

**SAMPLE DISTRICT FORM—ATHLETICS RISK MANAGEMENT 4**  
**CLASS/ACTIVITY PERMISSION**

Participant: \_\_\_\_\_

Description of Class/Activity: \_\_\_\_\_ Name of School: \_\_\_\_\_

Date(s) of Class/Activity: \_\_\_\_\_

Transportation is provided by District       Transportation is parent's responsibility

By my signature below, I hereby:

Acknowledge my participation in the above-described class/activity.

Give permission for my son/daughter to participate in the above-described activity (if participant is under age 18).

I realize that this activity is voluntary as part of the [ \_\_\_\_\_ **DISTRICT** ] (District) program. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, I/my parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

I also understand and acknowledge that, in order to participate in the above-described class/activity, I need to provide separately dated and signed **Waiver, Release and Indemnity Agreement and Assumption of Risk for Participation in Voluntary Class/ Activity** and **Medical Treatment Authorization** forms to the District in advance of the class/activity.

\_\_\_\_\_  
Parent/Guardian Signature(s)  
(If participant is under age 18)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name(s) (Please Print)

\_\_\_\_\_  
Phone Number(s)

**SAMPLE DISTRICT FORM—ATHLETICS RISK MANAGEMENT 5**

**DISTRICT**

**HEALTH HISTORY AND PHYSICAL EXAMINATION**

The school district will keep and maintain this as confidential information.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male Female School \_\_\_\_\_

REASON FOR REFERRAL: PRESCHOOL CHDP KINDERGARTEN/FIRST GRADE HIGH SCHOOL SPECIAL PLACEMENT ATHLETICS

FOR THE FOLLOWING CONCERNS: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION:** For release of health information, I hereby give my consent to the school named above to receive from, or send to the following health care professional(s), Dr. \_\_\_\_\_, any health information concerning my child.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT HEALTH HISTORY – To be completed by parent or guardian**

Currently under the care of \_\_\_\_\_ For what condition? \_\_\_\_\_

Doctor's Name

Currently under the care of \_\_\_\_\_

Dentist's Name

Medication: Please indicate the name and dosage of any medication that your child is taking. \_\_\_\_\_

**CHECK YES FOR ANY CONDITIONS THAT APPLY**

**CHECK YES OR NO FOR EACH CONDITION**

Yes	No	Condition
		Asthma, Hay Fever
		Dental Problem
		Kidney Problem
		Tuberculosis (Tb)
		Cancer
		Speech impairment
		Colon Problem
		Stomach Problem
		Heart Disease/Heart Defect/High Blood Pressure
		Allergy to the following (be specific)
		Medicine _____
		Foods _____
		Insect Sting/Bite _____
		Chest Pain or Fainting Spells
		Seizures/Epilepsy
		Hearing aid/hearing loss
		Heat stroke/exhaustion
		Contact lenses/eyeglasses

Yes	No	Condition
		Diabetes
		Down Syndrome
		If yes to Down Syndrome, have cervical spine (neck bone) x-rays been done?
		If yes to Down Syndrome, Atlanto Axial Instability?
		Special Diet _____
		Exercise induced wheezing
		Tendency to bleed easily
		Parent/Sibling (under 40) died of heart disease
		Emotional/psychiatric/behavioral problems
		Absence of one kidney or testicle
		Serious bone or joint disorder
		Concussion or serious head injury
		Sickle cell trait or disease
		Major surgery or serious illness
		Dentures/false teeth
		Impaired motor ability
		Uses a wheelchair
		Other problem that would interfere with sports participation _____

Further explanation of above: \_\_\_\_\_

**STUDENT MEDICAL EXAMINATION – To be completed by physician**

IMMUNIZATION RECORD: Insert month, day, and year each dose was given

VACCINE	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	6 <sup>TH</sup>
Polio	/ /	/ /	/ /	/ /	/ /	/ /
DPT/DTaP/Td	/ /	/ /	/ /	/ /	/ /	/ /
MMR (Measles, Mumps, Rubella)	/ /	/ /	2 doses required for kindergarten and grade 7			
Hepatitis B	/ /	/ /	/ /	3 doses required for kindergarten and grade 7		
H1V Meningitis	/ /	/ /	/ /	/ /	Required for child care	
Varicella (Chickenpox)	/ /	/ /	1 dose required for kindergarten; 2 doses required over the age of 13, out of state, or out of the U.S.			
Tetanus	/ /	Date of most recent vaccination				

**REQUIRED TEST RESULTS**

Health and Development History \_\_\_\_\_ Nutritional Assessment \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hearing Test \_\_\_\_\_ Vision Test \_\_\_\_\_ Hematocrit/Hemoglobin \_\_\_\_\_ Urinalysis \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Tb SKIN TEST (If required for school entry, must be Mantoux unless exception granted by the local health officer\*)

TYPE \_\_\_\_\_ Date Given \_\_\_\_\_ Date Read \_\_\_\_\_ mm induration \_\_\_\_\_ Impression  
PPD/Mantoux /Other \_\_\_\_\_ Positive \_\_\_\_\_ Negative

CHEST X-RAY (required if skin test is positive)

Film Date: \_\_\_\_\_  
Impression: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ (Circle One)

Student is free of Communicable disease?: YES NO

**FOR THIS PHYSICAL EXAM TO QUALIFY AS MEETING THE CHDP KINDERGARTEN/1ST GRADE REQUIREMENT ALL TESTS AND EVALUATIONS MUST BE DONE WITHIN 6 MONTHS PRIOR TO THE START OF KINDERGARTEN.**

SIGNIFICANT FINDINGS: (Optional. Fill out if release is signed by parent or guardian and an interpretation of medical findings is needed) \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

FURTHER EVALUATION IS NEEDED FOR: \_\_\_\_\_

RECOMMENDATION FOR PHYSICAL ACTIVITY: Unrestricted Restricted Cleared for Athletic Participation and/or Competitive Sports

THE STUDENT I EXAMINED IS:

- Cleared for Athletic Participation and/or Competitive Sports for the \_\_\_\_\_ Academic Year
- Cleared for Athletic Participation and/or Competitive Sports with the following restrictions until \_\_\_\_\_:  
RESTRICTIONS/SPECIAL EQUIPMENT: \_\_\_\_\_
- Not Cleared** for Athletic Participation and/or Competitive Sports

MEDICATION: Name and Dosage \_\_\_\_\_

MEDICAL CARE: Is this child currently under your care: \_\_\_\_\_ How long? \_\_\_\_\_ Other Specialists Involved? \_\_\_\_\_

**IN MY OPINION, IT WOULD BE BENEFICIAL TO DISCUSS THIS FURTHER, AND REQUEST THAT THE HEALTH OFFICE ASST. CONTACT ME.** YES NO (Circle one)

Stamped or printed name and address of physician below.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature (Required) \_\_\_\_\_ Date

\*\* If your family does not have health insurance and you would like information regarding the MediCal/Healthy Families program, call toll free, 1-888-747-1222

**SAMPLE DISTRICT FORM—ATHLETICS RISK MANAGEMENT 6**

**DISTRICT**

**Student Authorization/Consent for Disclosure of Protected Health Information**

I/we, \_\_\_\_\_ (Name(s) of Parent(s)/Guardian(s)),  
parent(s)/guardian(s) of, \_\_\_\_\_ (Name of Student) hereby authorize  
\_\_\_\_\_ and its administrators, athletic trainers and health care  
personnel to disclose my protected health information including, without limitation, any information  
regarding any injury, illness, treatment or participation related to or affecting my training for and  
participation in athletics to the District, and its designated employees, agents and/or contractors.  
I/we further authorize the District to disclose, and/or use, such information as provided herein.

I/we understand that my participation and protected health information, including, without limitation,  
conditions, injuries, or illnesses resulting from or affecting training for or participation in athletics,  
may be disclosed to, and/or used by, the District, and any third party expressly authorized by the  
District to receive such information for the purposes described in this paragraph. The information  
provides the District, athletic leagues using District facilities, and individual schools, with injury,  
relevant conditions and illnesses, and participation data that identify individual students' fitness to  
participate in (a) specific athletic program(s) and, if applicable, any special conditions related to  
such participation.

I/we understand that this protected health information is protected by federal regulations under  
either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational  
Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either  
my authorization under HIPAA or my consent under the Buckley Amendment. I/we understand  
that my signing of this authorization/consent is voluntary and that my institution will not condition or  
withhold any health care treatment or payment, enrollment in a health plan or receipt of any  
benefits (if applicable) on whether I/we provide the consent or authorization requested for this  
disclosure. I/we also understand that I/we am/are not required to sign this authorization/consent  
in order for my/our child to be eligible for participation in District athletics.

I/we understand that while HIPAA regulations may not apply to District use or disclosure of my/our  
child's injury/illness information, the District is committed to protecting his/her privacy

This authorization/consent for transfer of protected health information expires at the end of the  
school year following from the date of my signature below, but I/we have the right to revoke it in  
writing at any time by sending written notification to the District. I/we understand that a revocation  
takes effect on its request date and does not affect any action taken prior to that date.

The undersigned hereby acknowledges that I/we knowingly and voluntarily assume(s) all risks of to  
his/her child/ward or we/him/herself, as stated, and expressly acknowledges my/our intention, by  
executing this instrument, to exempt and relieve the District, its officers, agents, and employees,  
from any liability for personal injury, bodily injury, property damage or wrongful death that may arise  
out of or in any way be connected with this consent. I/we have read and understand the foregoing  
and have voluntarily signed this consent. I/we am/are aware of the potential risks involved in this  
consent and I/we am/are fully aware of the legal consequences of signing this instrument.

Printed Name of Student \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature(s) Student/Participant Signature Date

\_\_\_\_\_  
Parent/Guardian Name(s) (Please Print) Phone Number(s)

\_\_\_\_\_  
Street Address City State Zip Code