CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances, it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the New Mexico Activities Association (NMAA), _____________________________ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/NMAA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, medical/osteopathic physician, physician assistant or nurse practitioner licensed by the state of New Mexico (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by New Mexico law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

"I, ___________________________________________, the undersigned, am the parent/legal guardian of,

__________________________________________, a minor and student-athlete at ________________________________

(name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/NMAA may employ or designate QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by New Mexico law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/NMAA."

Date: __________________ Signature: __________________
SANTA FE PUBLIC SCHOOLS ACKNOWLEDGMENT AND AGREEMENT
FOR STUDENT PARTICIPATION IN EXTRACURRICULAR ACTIVITIES
(Desplazar hacia bajo para el español.)

ACKNOWLEDGMENT

By signing this document, the Student and Parent(s)/Guardian(s) acknowledge and accept the following:

I. Student Participation Benefits. The benefits of students' participation in extracurricular, co-curricular, intramural and athletic team activities ("extracurricular activities") can last a lifetime. Students can stretch themselves in every way in a structured environment, while learning and practicing multi-purpose skills, personal responsibility, self-discipline, respect for self, respect for others, collaboration, and leadership.

II. Higher Standard of Conduct. Since student participants are seen as role models among their peers and serve as representatives of their schools, the District, and the Santa Fe Community, they are held to a higher standard of conduct. Student participants are expected to represent themselves and their co-participants, coaches/instructors, schools, and District with honesty, integrity, and character.

III. Year-round and On- and Off-Campus Conduct. The higher standard of conduct is expected: 1) both on- and off-campus; 2) on a year-round (12-month) basis; and 3) as a condition of participation in extracurricular activities. For a greater understanding of the behavioral expectations, student participants and parents/guardians are responsible for becoming familiar with the terms of this Agreement, the Student Code of Conduct, the New Mexico Activities Association bylaws and policies, and relevant Board of Education policies, all of which apply to student participants -- please ask your Principal for website links or copies if you need them.

AGREEMENT

By signing this document, the Student and Parent(s)/Guardian(s) agree that Student WILL:

1) Maintain a grade point average of 2.0 or greater and no "F";
2) Attend a minimum of one-half school day to participate in a practice, rehearsal, meeting, performance, competition, game or other event scheduled for the same date;
3) Be punctual and respectful and act on the basis of the welfare, cohesiveness, and best interest of the group, the other participants, the school, and the District; and
4) Complete by the applicable deadlines all other required forms for participation -- for student athletes, the forms include a Sports Physical, Assumption and Acknowledgement of Risk, Concussion Certificate, and Medical Authorization.

By signing this document, the Student and Parent(s)/Guardian(s) agree that Student WILL NOT:

1) Possess, use, consume, or distribute tobacco, alcohol, or drugs;
2) Engage in conduct that violates the Student Code of Conduct;
3) Engage in hazing or conduct that could result in arrest or criminal charges for misdemeanor or felony, regardless of whether prosecution or conviction results; and
4) Engage in conduct that the coach/instructor, Athletics and Activities Director, or Superintendent deems to be in violation of this Acknowledgment and Agreement or the spirit of good sportsmanship.

The Student and Parent(s)/Guardian(s) further understand that:

1) Consequences for violation of this Agreement could range from a verbal warning to a suspension from any activity to a prohibition from participation in all activities for the season or the remainder of the school year;
2) All potential consequences discussed in the Student Code of Conduct may be applied; &
3) The Principal or Superintendent may apply and enforce additional behavioral expectations, interventions, and consequences, depending on the activity and circumstances and the nature and severity of the conduct.

Student Signature ___________________________________________ Student Printed Name __________________________ Date ____________

Parent or Guardian Signature __________________________ Parent or Guardian Printed Name __________________________ Date ____________

Parent or Guardian Signature __________________________ Parent or Guardian Printed Name __________________________ Date ____________
Al firmar este documento, el estudiante y padre(s) / tutor(s) reconocen y aceptan lo siguiente:

I. **Beneficios de participación para los estudiantes.** Los beneficios de la participación de los estudiantes en las actividades de equipo extracurriculares, co-curriculares, intramurales y atléticas pueden durar toda la vida. Los estudiantes pueden desarrollarse en todos los sentidos en un ambiente estructurado, mientras que aprenden y practican habilidades de usos múltiples, la responsabilidad personal, la auto-disciplina, el respeto por uno mismo, respeto por los demás, colaboración y liderazgo.

II. **Superior estándar de conducta.** Dado que los estudiantes participantes son vistos como modelos de conducta entre sus pares y sirven como representantes de su escuela, el distrito, y la comunidad de Santa Fe, se espera un nivel más alto de conducta. Se espera que se representen a sí mismos y a sus compañeros, entrenadores / profesores, escuelas, y el Distrito con honestidad, integridad y carácter.

III. **Durante todo el año y en cualquier sitio.** Este estándar más alto de conducta se espera: 1) dentro y fuera de la escuela 2) todo el año y 3) como condición para participar en actividades extracurriculares. Para una mayor comprensión de las expectativas de comportamiento, los estudiantes y los padres / tutores son responsables de familiarizarse con los términos de este Acuerdo, el Código de Conducta del Estudiante, los estatutos y políticas de New Mexico Athletic Association y del Consejo Escolar correspondiente de las políticas de educación, todos los cuales se aplican a los estudiantes participantes - por favor pidan a su director los enlaces a páginas web o copias, si los necesitan.

**ACUERDO**

Al firmar este documento, el estudiante y padre(s) / tutor(s) acuerdan que el estudiante:

1. Mantendrá un promedio de calificaciones de 2.0 y no "F";
2. Asistirá a un mínimo de la mitad del día escolar para poder participar en una práctica, ensayo, reunión, funcionamiento, competencia, juegos u otro evento programado para la misma fecha;
3. Será puntual y respetuoso y actuará pensando en el bienestar, cohesión, y el mejor interés del grupo, los otros participantes, la escuela y el Distrito; y
4. Cumplirá los requisitos aplicables y formularios requeridos para la participación - para los estudiantes atléticos, las formas incluyen un examen físico para deportes, aceptación y reconocimiento de riesgos, documento de conmoción cerebral, y Autorización Médica.

Al firmar este documento, el estudiante y padre(s) / tutor(s) acuerdan que el estudiante no:

1. Tendrá, usará, consumirá o distribuirá tabaco, alcohol o drogas;
2. Participará en conducta que viola el Código de Conducta del Estudiante;
3. Participará en riós o conducta que pueda resultar en la detención o cargos criminales por delito menor o mayor, independientemente de si resulta en enjuiciamiento o condena; y
4. Participará en conducta que el entrenador / instructor, Director Atlético y Actividades, o la Superintendente consideren estar en violación de este Reconocimiento y Acuerdo o del espíritu deportivo.

El estudiante y padres / tutor(es) comprenden, además, que:

1. Las consecuencias por la violación de este acuerdo podrían ir desde una advertencia verbal a una suspension de cualquier actividad a la prohibición de la participación en todas las actividades de la temporada o el resto del año escolar;
2. Todas las consecuencias potenciales discutidos en el Código de Conducta del Estudiante se pueden aplicar; y
3. El director o Superintendente puede aplicar y hacer cumplir expectativas de comportamiento adicionales, intervenciones y consecuencias, dependiendo de la actividad y las circunstancias y la naturaleza y gravedad de la conducta.

<table>
<thead>
<tr>
<th>Firma del Estudiante</th>
<th>Nombre Impreso del Estudiante</th>
<th>Fecha</th>
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<table>
<thead>
<tr>
<th>Firma del Padre o tutor</th>
<th>Nombre Impreso del Padre o tutor</th>
<th>Fecha</th>
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PARENTAL CONSENT AND RELEASE OF LIABILITY
SANTA FE PUBLIC SCHOOLS
________________________ School Year

NAME OF STUDENT: ___________________________ STUDENT ID # ___________________________

We hereby certify that the above-named student, born on ______________________, enrolled in grade __________
at ______________________ School, has our approval to participate in the Santa Fe Public Schools athletic and sports programs, on or of school premises in or out of Santa Fe County. We fully realize that when participating in athletic activities there is a risk of serious injury or death, and we have been warned of the inherent danger of sports participation. We, for ourselves and our successors in interest hereby release the Board of Education of Santa Fe City Schools, its agents, employees, and representatives, for any and all claims relating to losses of any nature whatsoever which we may have at this time or at any time in the future, arising from the athletic and sports activity in which our child will participate.

We acknowledge that District policy is to deny to any student the privilege of participation the athletic and sports programs until a properly executed copy of the Parental Consent and Release of Liability has been filed in the school records, accompanied by a Medical History and Annual Physical Examination Form signed by a physician, prior to the first day of participation.

We further authorize any agent, representative or employee of Santa Fe Public Schools to consent to, and any medical person to administer, any medical treatment to our child which may appear to be reasonable for the treatment of any injuries or ailments which our child may sustain in connection with an athletic or sports program. We further acknowledge that any claims arising from injury to our child is to be presented to and paid by us and is not to be presented to, or paid by the Santa Fe Public Schools. In conformity with this understanding we hereby make known the following:

Check one:

____ We have purchased a Student Accident Insurance Plan
(Students Full Name): ___________________________
(Completed application and check or money order for premium are attached to this form)

____ We have Family Medical Insurance that covers (Students Full Name): ___________________________
with substantially the same protection as provided under the Student Accident Insurance Plan and wish to have no additional insurance coverage.
Name of Insurance Company: ___________________________
Address: ___________________________
Policy Number: ___________________________

____ We have access to the Indian Hospital, which also includes access for (Students Full Name): ___________________________
and wish to have no additional insurance coverage or other financial protection.

Student Name: ___________________________ Signature: ___________________________ Date of Birth: __________
Parent/Guardian Name: ___________________________ Signature: ___________________________ Date: __________
Parent/Guardian Name: ___________________________ Signature: ___________________________ Date: __________
Emergency Contact: ___________________________ Relationship: ___________________________ Phone #: __________
Address: ___________________________ City: ___________________________ State: __________ Zip: __________
Home Phone #: ______ Work Phone#: ______ Home Phone #: ______ Work Phone#: ______
Witness: ___________________________ Witness: ___________________________ Witness: ___________________________
SANTA FE PUBLIC SCHOOLS CODE OF CONDUCT
ACKNOWLEDGEMENT FORM

Student’s Rights and Responsibilities
Every student has the right to learn in a positive and respectful learning environment. Each student has a role in achieving this. To help promote a positive school culture where every student can grow academically and personally, each student is expected to:

1. Attend and participate in all classes each day; and be on time
2. Prepare for each class with appropriate materials and completed assignments
3. Always use computers, technology, cell phones, and social media in a responsible way
4. Understand that cell phones must be turned off during instruction time unless the teacher says you can have it on
5. Know and obey school rules and the Code of Conduct, particularly when at school; at school-sponsored events; and on school vehicles
6. Respect the rights, feelings, and property of fellow students, parents, teachers, staff, volunteers, guests, and the surrounding community
7. Seek peaceful solutions to conflict; encourage peers to do the same; and seek assistance from an adult if a conflict remains unresolved
8. Do not bully or cyberbully anyone; and report bullying or cyberbullying to an adult
9. Take responsibility for your own behavior
10. Cooperate with teachers and staff in investigations of disciplinary matters
11. Do not bring anything that is or looks like a weapon to school or a school-sponsored event; alert an adult if you see another person do this
12. Do not possess, use, give or sell any drugs, alcohol, tobacco or weapons; alert an adult if you see another person do this
13. When you see something (or hear something that seems unsafe), then say something (to a staff member)
14. Do not discriminate, and report discrimination, on the basis of gender, gender identity, sexual orientation, race, ethnicity, national origin, immigration status, socioeconomic status, physical differences, health conditions, family differences, or learning, linguistic and language differences
15. Understand that principals, coaches, and sponsors of extracurricular activities may develop and enforce standards of conduct that are higher than the district-developed Code of Conduct

Student and Parent / Guardian Acknowledgment
The Code of Conduct has been written to help each student gain the greatest possible benefit from his or her school experience. It is important that every student understand the Code and be expected by his or her Parents / Guardians to follow its requirements. Parents / Guardians, please read the Code at sfps.info, discuss it with your child, and empower your child to follow it. If you don't have access to the website at home, then please let your child's teacher know, and access to the Code will be provided at school. Thank you for your part in helping to promote a positive learning environment.

_________________________________________  ___________________________________________  ________________
Student Signature                        Student Printed Name                          Date

_________________________________________  ___________________________________________  ________________
Parent or Guardian Signature           Parent or Guardian Printed Name            Date

_________________________________________  ___________________________________________  ________________
Parent or Guardian Signature           Parent or Guardian Printed Name            Date

Grade _____ School ________________ Homeroom/Advisory ________________

PAGE 4
MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS
(Cover sheet)

New Mexico Activities Association
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

NOTE: The NMAA does not need a copy of this form. Please return to your school’s athletic department.

Medical History – Parent/Guardian please fill out prior to examination.

<table>
<thead>
<tr>
<th>Student Athlete Name (Last, First, M.I.):</th>
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<tbody>
<tr>
<td>Home Address:</td>
</tr>
<tr>
<td>Street</td>
</tr>
<tr>
<td>Grade:</td>
</tr>
</tbody>
</table>

DOB: AGE:

Name of Parent/Guardian

Home Address: Phone: Work:

Street | City | State | Zip |

Emergency Contact

Name: Phone: Work:

Cell: Cell:

Address:

Street | City | State | Zip

SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Sports/Activities</th>
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<tbody>
<tr>
<td>□ Baseball</td>
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<tr>
<td>□ Basketball</td>
</tr>
<tr>
<td>□ Bowling</td>
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|                   |                  | □ Other

Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete’s personal information (name, gender and birth date) on each page of the form and return the entire packet to the school’s athletic department.

Concussion Management
A concussion is a disturbance in the function of the brain that can be caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory loss, balance problem) with or without a loss of consciousness. I/we understand there is a concussion management protocol established that includes care and return to play criteria.

<table>
<thead>
<tr>
<th>Student-Athlete Signature</th>
<th>Date</th>
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<tr>
<th>Parent or Court Appointed Legal Guardian Signature</th>
<th>Date</th>
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Preparticipation Physical Evaluation

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam ___________________________ Date of birth ___________________________

Name ___________________________ Sex ___________________________ Age ___________________________ Grade ___________________________ School ___________________________

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

__________________________________________________________________________

Do you have any allergies? □ Yes □ No If yes, please identify specific allergy below.
□ Medicines □ Pollens □ Food □ Stinging Insects

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

GENERAL QUESTIONS

Yes No
1. Has a doctor ever denied or restricted your participation in sports for any reason?
2. Do you have any ongoing medical conditions? If so, please identify below. □ Asthma □ Anemia □ Diabetes □ Infections Other:
3. Have you ever spent the night in the hospital?
4. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

Yes No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
7. Does your heart ever race or skip beats (irregular beats) during exercise?
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
□ High blood pressure □ A heart murmur
□ High cholesterol □ A heart infection
□ Kawasaki disease □ Other:
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)
10. Do you get lightheaded or feel more short of breath than expected during exercise?
11. Have you ever had an unexplained seizure?
12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

Yes No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, amyotrophic lateral ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

Yes No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
18. Have you ever had any broken or fractured bones or dislocated joints?
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
20. Have you ever had a stress fracture?
21. Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
22. Do you regularly use a brace, orthotics, or other assistive devices?
23. Do you have a bone, muscle, or joint injury that bothers you?
24. Do any of your joints become painful, swollen, feel warm, or look red?
25. Do you have any history of juvenile arthritis or connective tissue disease?

Medical Questions

Yes No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
27. Have you ever used an inhaler or taken an asthma medicine?
28. Is there anyone in your family who has asthma?
29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?
30. Do you have groin pain or a painful bulge or hernia in the groin area?
31. Have you had infectious mononucleosis (mono) within the last month?
32. Do you have any rashes, pressure sores, or other skin problems?
33. Have you had a herpes or MRSA skin infection?
34. Have you ever had a head injury or concussion?
35. Have you ever have had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
36. Do you have a history of seizure disorder?
37. Do you have headaches with exercise?
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
39. Have you ever been unable to move your arms or legs after being hit or falling?
40. Have you ever become ill while exercising in the heat?
41. Do you get frequent muscle cramps while exercising?
42. Do you or someone in your family have sickle cell trait or disease?
43. Have you had any problems with your eyes or vision?
44. Have you had any eye injuries?
45. Do you wear glasses or contact lenses?
46. Do you wear protective eyewear, such as goggles or a face shield?
47. Do you worry about your weight?
48. Are you trying to or has anyone recommended that you gain or lose weight?
49. Are you on a special diet or do you avoid certain types of foods?
50. Have you ever had an eating disorder?
51. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

Yes No
52. Have you ever had a menstrual period?
53. How old were you when you had your first menstrual period?
54. How many periods have you had in the last 12 months?

Explain "yes" answers here

__________________________________________________________________________

__________________________________________________________________________

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

Signature of athlete ___________________________ Signature of parent/guardian ___________________________ Date ___________________________


HSC003
EVALUACIÓN FÍSICA – PRE-PARTICIPACIÓN
FORMULARIO DE HISTORIAL MÉDICO
(Nota: Este formulario debe ser llenado por el paciente y padre/madre antes de ver al doctor. El doctor debe mantener este formulario en el expediente)

Fecha del examen ____________________________________________

Nombre ____________________________________________ Fecha de nacimiento ____________________________________________

Sexo ______ Edad ______ Grado ______ Escuela ______ Deporte(s) ______

<table>
<thead>
<tr>
<th>Medicamentos y Alergias: Por favor, indica todos los medicamentos con y sin receta médica y suplementos (herbales y nutricionales) que estás tomando actualmente</th>
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</tbody>
</table>

Tienes alergias ☐ Sí ☐ No Si la respuesta es sí, por favor identifica abajo la alergia específica.

☐ Medicamentos

☐ Polen

☐ Comida

☐ Picaduras de insecto

Explica abajo las preguntas respondidas con un “sí”. Pon un círculo alrededor de las preguntas cuyas respuestas desconoces.

<table>
<thead>
<tr>
<th>PREGUNTAS GENERALES</th>
<th>Sí</th>
<th>No</th>
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<tbody>
<tr>
<td>1. ¿Alguna vez un doctor te ha prohibido o limitado tu participación en deportes por alguna razón?</td>
<td></td>
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<tr>
<td>2. ¿Tienes actualmente alguna condición médica? Si es así, por favor identificala abajo:</td>
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<tr>
<td>☐ Asma ☐ Anemia ☐ Diabetes</td>
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<td>☐ Infecciones</td>
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<td>Otro: ___________________________</td>
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<td>3. ¿Has sido ingresado alguna vez en el hospital?</td>
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<td>4. ¿Has tenido cirugía alguna vez?</td>
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<tr>
<th>PREGUNTAS SOBRE LA SALUD DEL CORAZÓN DE TU FAMILIA</th>
<th>Sí</th>
<th>No</th>
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<tbody>
<tr>
<td>13. ¿Has tenido algún familiar que ha fallecido a causa de problemas de corazón o que haya fallecido de forma inexplicable o inesperada antes de la edad de 50 años (incluyendo ahogo, accidente de tráfico inesperado, o síndrome de muerte súbita infantil)?</td>
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<tr>
<td>14. ¿Sufre alguien en tu familia de cardiomiopatía hipertrófica, síndrome Marfan, cardiomiopatía arritmogénica ventricular derecha, síndrome de QT corto, síndrome de Brugada, o taquicardia ventricular polimórfica catecolaminérgica?</td>
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<td>15. ¿Alguien en tu familia tiene problemas de corazón, un marcapasos o un desfibrilador implantado en su corazón?</td>
<td></td>
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</tr>
<tr>
<td>16. ¿Ha sufrido alguien en tu familia un desmayo inexplicable, convulsiones inexplicables, o casi se ha ahogado?</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREGUNTAS SOBRE HUESOS Y ARTICULACIONES</th>
<th>Sí</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. ¿Alguna vez has perdido un entrenamiento o partido porque te habías lesionado un hueso, músculo, ligamento o tendón?</td>
<td></td>
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<tr>
<td>18. ¿Te has roto o fracturado alguna vez un hueso o dislocado una articulación?</td>
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<tr>
<td>19. ¿Has sufrido alguna vez una lesión que haya requerido radiografías, resonancia (MRI) tomografía, inyecciones, terapia, un soporte ortopédico/tabilla, un yeso, o muñetas?</td>
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<tr>
<td>20. ¿Has sufrido alguna vez una fractura por estrés?</td>
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<tr>
<td>21. ¿Te han dicho alguna vez que tienes o has tenido una radiografía para diagnosticar inestabilidad del cuello o inestabilidad atlantoaxial? (Síndrome de Down o enanismo)</td>
<td></td>
<td></td>
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<tr>
<td>22. ¿Usas regularmente una tabilla/soporte ortopédico, ortesis, u otro dispositivo de asistencia?</td>
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<tr>
<td>23. ¿Tienes una lesión en un hueso, músculo o articulación que te esté molestando?</td>
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</tr>
<tr>
<td>24. ¿Algunas de tus articulaciones se vuelven dolorosas, inflamadas, se sienten calientes, o se ven enrojecidas?</td>
<td></td>
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<tr>
<td>25. ¿Tienes historial de artritis juvenil o enfermedad del tejido conectivo?</td>
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<tr>
<td>PREGUNTAS MÉDICAS</td>
<td>Sí</td>
<td>No</td>
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<tr>
<td>26. ¿Toses, tienes silbidos o dificultad para respirar durante o después de hacer ejercicio?</td>
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<tr>
<td>27. ¿Has usado alguna vez un inhalador o has tomado medicamento para el asma?</td>
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<tr>
<td>28. ¿Hay alguien en tu familia que tenga asma?</td>
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<tr>
<td>29. ¿Naciste sin o te falta un riñón, un ojo, un testículo (varones), el bazo, o algún otro órgano?</td>
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<tr>
<td>30. ¿Tienes dolor en la ingle o una protuberancia o hernia dolorosa en el área de la ingle?</td>
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<tr>
<td>31. ¿Has tenido mononucleosis (mono) infecciosa en el último mes?</td>
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<tr>
<td>32. ¿Tienes algún sarpullido, llagas, u otros problemas en la piel?</td>
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<tr>
<td>33. ¿Has tenido herpes o infección de SARM en la piel?</td>
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<tr>
<td>34. ¿Has sufrido alguna vez una lesión o contusión en la cabeza?</td>
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<tr>
<td>35. ¿Has sufrido alguna vez un golpe en la cabeza que te haya producido una confusión, dolor de cabeza prolongado, o problemas de memoria?</td>
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<tr>
<td>36. ¿Tienes un historial de un trastorno de convulsiones?</td>
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<tr>
<td>37. ¿Tienes dolores de cabeza cuando haces ejercicio?</td>
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<tr>
<td>38. ¿Has tenido entumecimiento, hormigueo, o debilidad en los brazos o piernas después de haber sufrido un golpe o haberte caído?</td>
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<tr>
<td>39. ¿Has sido alguna vez incapaz de mover los brazos o las piernas después de haber sufrido un golpe o haberte caído?</td>
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<tr>
<td>40. ¿Te has enfermado alguna vez al hacer ejercicio cuando hace calor?</td>
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<tr>
<td>41. ¿Tienes calambres frecuentes en los músculos cuando haces ejercicio?</td>
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<tr>
<td>42. ¿Tienes tú o alguien en tu familia el rasgo depanocítico o la enfermedad drepanocítica?</td>
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<tr>
<td>43. ¿Has tenido algún problema con los ojos o la vista?</td>
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<tr>
<td>44. ¿Has sufrido alguna lesión o daño en los ojos?</td>
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<td>45. ¿Usas lentes o lentes de contacto?</td>
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<td>46. ¿Usas protección para los ojos, tal como lentes protectoras o un escudo facial?</td>
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<td>47. ¿Te preocupa tu peso?</td>
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<td>48. ¿Estás intentando aumentar o perder de peso o alguien te ha recomendado que lo hagas?</td>
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<tr>
<td>49. ¿Estás siguiendo alguna dieta especial o evitas ciertos tipos de comida?</td>
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<tr>
<td>50. ¿Has tenido alguna vez un trastorno alimenticio?</td>
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<tr>
<td>51. ¿Tienes alguna preocupación de la que quieras hablar con el doctor?</td>
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<table>
<thead>
<tr>
<th>SÓLO PARA MUJERES</th>
<th>Sí</th>
<th>No</th>
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<tbody>
<tr>
<td>52. ¿Has tenido alguna vez el período menstrual?</td>
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<tr>
<td>53. ¿Qué edad tenías cuando tuviste tu primer período menstrual?</td>
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<tr>
<td>54. ¿Cuántos períodos has tenido en los últimos 12 meses?</td>
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Explica aquí las preguntas a las que respondiste con un “sí”

Y por la presente declaro que, según mi más leal saber y entender, mis respuestas a las preguntas anteriores están completas y son correctas.

Firma del atleta ____________________________

Firma del padre/madre/tutor legal ____________________________

Fecha ____________________________
WHAT IS A CONCUSSION?
A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

**Observed by the Athlete**
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

**Observed by the Parent / Guardian**
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE

**Athlete**
- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

**Parent / Guardian**
- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

*It's better to miss one game than the whole season.*

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.
RETURN TO PLAY GUIDELINES UNDER SB38

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES

Senate Bill 38:

For more information on brain injuries check the following websites:
https://nfhslearn.com/courses/61059/concussion-for-students
http://www.nfhs.org/resources/sports-medicine
http://www.cdc.gov/concussion/HeadsUp/youth.html
http://www.stopsportsinjuries.org/concussion.aspx
http://www.ncaa.org/health-and-safety/medical-conditions/concussions

SIGNATURES

By signing below, parent/guardian and athlete acknowledge the following:

♦ Both have received and reviewed the attached NMAA's Concussion in Sports Fact Sheet for Athletes and Parents.
♦ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
♦ Athlete has received brain injury training pursuant to Senate Bill 38.

_________________________  ___________________________  ___________________________
Athlete's Signature        Print Name               Date

_________________________  ___________________________  ___________________________
Parent/Guardian's Signature Print Name               Date