

# Brawley Union High School

## ATHLETIC HANDBOOK

### Signature Page



I have received a copy of the **Brawley Union High School Athletic Handbook**

I understand it is my responsibility to read/understand these rules, take them home and discuss them with my parent(s)/guardian(s).

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Return signed page and the following attachments to the Athletic Director's Office in the New Gym:**

- BUHS Athletic Handbook is for your information – Please turn in ALL forms (listed below) which require signatures.

**Attachments:**

1. Signature Page
2. Ethics in Sports Page
3. Drug Testing Consent Form
4. Pre-Participation Handout Form
5. Consent for Emergency Medical Treatment Form
6. **Copy** of your medical/Insurance Card (**MUST**)

# BRAWLEY UNION HIGH SCHOOL

## BUHS CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent/legal guardian, I hereby give consent to Brawley Union High School and/or its representatives to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S) for:

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

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the student/athlete named above.

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### The student/Athlete has the following medical:

| Conditions | Allergies | History (including heat exhaustion) |
|------------|-----------|-------------------------------------|
|------------|-----------|-------------------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List any previous injuries: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

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

Home phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

\_\_\_\_\_  
Print Name

### EMERGENCY INFORMATION

Student/Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Address: \_\_\_\_\_ Work #: \_\_\_\_\_

**Others authorized to take the student from school, or who may be called in an emergency:**

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| Name | Address | Phone# | Relationship |
|------|---------|--------|--------------|
|------|---------|--------|--------------|

**Students**

E (1)5131.61

**DRUG TESTING PROGRAM**

Dear Parent/Guardian:

On May 26, 2004, the Brawley Union High School District Board of Trustees adopted a Mandatory Drug Testing Policy for high school students involved in extra-curricular activities or participating on an interscholastic team.

The intent of the drug testing program is to create a safe, drug-free environment for students and to assist them in getting help when needed. Our commitment to maintain extra-curricular activities in the Brawley Union High School District as a safe and secure educational environment requires a clear policy and supportive program relating to detection, treatment and prevention of substance abuse by students involved in representing their student body.

All students involved must submit an "Extra-Curricular Consent Form". Names are drawn randomly each week for testing. Students never know when their name will be drawn or how often.

Cal-Test personnel administer the urine test under a confidential procedure. If a test is determined to be positive, it is sent to an outside laboratory for verification. Parents are notified of positive test results when the outside laboratory confirms the results. A school site administrator meets with the student and parent to explain restrictions and offer support services. No punitive action in regard to suspension or the expulsion process will be taken by the school district due to a positive test.

It is our desire to work with students and their families for Safe and Drug-Free Schools in the Brawley Union High School District.

If you have any questions, please call either myself at 312-6079 or the principal at 312-6085.

Sincerely,

Hasmik J. Danielian, Ed.D.  
Superintendent

Exhibit  
version: May 26, 2004

**BRAWLEY UNION HIGH SCHOOL DISTRICT**  
Brawley, California

**DRUG TESTING PROGRAM**

**EXTRA-CURRICULAR CONSENT FORM**

I HAVE RECEIVED AND HAVE READ AND UNDERSTAND A COPY OF THE BRAWLEY UNION HIGH SCHOOL DISTRICT'S EXTRA-CURRICULAR ACTIVITIES DRUG TESTING PROGRAM. I, \_\_\_\_\_, DESIRE TO PARTICIPATE IN THIS PROGRAM, AND IN THE EXTRA-CURRICULAR PROGRAMS OF THE BRAWLEY UNION HIGH SCHOOL DISTRICT, AND HEREBY, VOLUNTARILY AGREE TO BE SUBJECT TO ITS TERMS FOR THE CURRENT SCHOOL YEAR. I ACCEPT THE METHOD OF OBTAINING URINE SPECIMENS, TESTING, AND ANALYSIS OF SUCH SPECIMEN, AND ALL OTHER ASPECTS OF THE PROGRAM. I AGREE TO COOPERATE IN FURNISHING ANY SPECIMENS THAT ARE REQUIRED.

I FURTHER AGREE AND CONSENT TO THE DISCLOSURE OF THE SAMPLING, TESTING AND RESULTS PROVIDED FOR THIS PROGRAM. THIS CONSENT IS GIVEN PURSUANT TO ALL STATE AND FEDERAL PRIVACY STATUTES, AND IS A WAIVER OF RIGHTS TO NONDISCLOSURE FOR SUCH TEST RECORDS AND RESULTS ONLY TO THE EXTENT OF THE DISCLOSURES OF THE PROGRAM.

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

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

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

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Activities

**DRUG TESTING PROGRAM****DRUG AND ALCOHOL PROGRAMS**

This Resource List is a compilation of community agencies and referral sources. It is intended to act as a source of services to students and their families. While a great effort has been made to make certain that the document is accurate, telephone numbers and addresses may have changed without notice.

The Brawley Union High School District does not endorse or recommend any particular community agency or source, or any source or agency at all; this is merely a listing of some available sources.

|                                       |                      |                |
|---------------------------------------|----------------------|----------------|
| American Drug Testing                 | 180 N. Plaza         | (760)344-4706  |
| Big Brothers - Big Sisters            | 480 N. Imperial Ave. | (760) 312-6095 |
| Boys & Girls Club of Brawley          | 165 So. Plaza        | (760) 344-2040 |
| Brawley Family Resource Center (BUHS) | 480 N. Imperial Ave. | (760) 312-6095 |
| Brawley Police                        | 211 Main Street      | (760) 344-2111 |
| Campeños Unidos                       | 1005 "C" Street      | (760) 344-6300 |
| Center for Family Solution            | 727 W. Main Street   | (760) 344-6922 |
| Clinicas De Salud Del Pueblo          | 900 Main Street      | (760) 344-6471 |
| El Redentor                           | 305 N. 9TH Street    | (760) 344-0290 |
| Imperial County Behavior Health       | 220 Main Street      | (760) 351-2800 |
| Imperial County One Stop              | 860 Main Street      | (760) 344-2131 |
| Pioneers Memorial Hospital            | 207 W. Legion Rd.    | (760) 351-3333 |
| Public Library (Brawley)              | 400 Main Street      | (760) 344-1891 |
| Teen Center                           | 225 "A" Street       | (760) 344-5675 |
| Turning Point                         | 336 W. 5th Street    | (760)356-4609  |
| Victory Outreach                      | 515 Main Street      | (760) 351-1999 |

**DRUG TESTING PROGRAM**

**BRAWLEY UNION HIGH SCHOOL DISTRICT**

**MANDATORY DRUG TESTING POLICY**

**REFUSAL TO TEST  
REMOVAL FROM EXTRA-CURRICULAR ACTIVITIES**

I, \_\_\_\_\_, refuse to participate in the mandatory drug testing Program.  
(Name of student)

Consequently, I am subject to the below listed stipulations:

- I understand that I will be prevented from participating in any extra-curricular activities for the remainder of the school year.
- If I wish to participate during another school year, I understand that my parents and I must submit a written request to the school in order for me to be readmitted to any extra-curricular activity.
- I must submit to a urinalysis and test clean prior to the request for readmission to any extra-curricular activities. I may test at the Brawley Union High School District Family Resource Center.
- If I return to any extra-curricular activities, I understand that I will continue to voluntarily participate in the Brawley Union High School District Drug Testing Program and will sign a new Extra-Curricular Consent Form.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

**DRUG TESTING PROGRAM**

**BRAWLEY UNION HIGH SCHOOL DISTRICT**

**MANDATORY DRUG TESTING POLICY  
POSITIVE TEST NOTIFICATION AND CONTRACT**

I, \_\_\_\_\_, understand that my volunteer drug test came back positive.  
(Name of student)

Consequently, I am subject to the below listed stipulations:

- I cannot participate in any extra-curricular activity until I can show evidence of completion Alcohol and Other Drug Counseling program and have tested negative for at least 90 days prior to being readmitted. If this activity involves a class such as music or theater, I may remain in the class, but cannot perform or represent the program to other students or to the public.
- I may participate in the drug-counseling program the Brawley Union High School District provides or can seek outside services.
- My parents and I must submit a written request to the school in order for me to be readmitted to any extra-curricular activity.
- I must test clean for three months prior to the request for readmission. I may test at the Brawley Union High School District Family Resource Center for a nominal fee.
- If I wish to continue to participate in extra-curricular activities, I understand that I will continue to voluntarily participate in the Brawley Union High School District Drug Testing Program and will sign a new Extra-Curricular Consent Form. An AOD counselor will monitor my case for one year and may conduct follow-up drug tests.

Signed on \_\_\_\_\_  
(date)

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

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

\_\_\_\_\_  
Administrator Signature

A complete copy of this notification must be on file at the Family Resource Center within two weeks of a positive test.

# BRAWLEY UNION HIGH SCHOOL

## Sports Pre-Participation Handout

**You must turn in a copy of your insurance card or purchase insurance from the school**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

**PLEASE SIGN AND FILL IN EVERY BLANK LINE**

**ATHLETIC INSURANCE REQUIREMENTS** – You are REQUIRED to show PROOF OF MEDICAL INSURANCE COVERAGE before your student can participate in athletics at B.U.H.S. The school **DOES NOT COVER STUDENTS PARTICIPATING IN ATHLETICS**. You must present a current copy of your INSURANCE CARD with group number and policy number visible, or send your student with the card. We will make a copy for you. **MEDI-CAL CARDS ARE CONSIDERED ADEQUATE INSURANCE COVERAGE FOR ALL SPORTS.**

**PURCHASING INSURANCE** – If you do not have insurance, you may purchase insurance from MYERS-STEVEN & CO. This can be supplemental insurance if you already have insurance. **IF YOUR STUDENT IS A FOOTBALL PLAYER WITHOUT INSURANCE, YOU MUST PURCHASE TACKLE FOOTBALL INSURANCE to properly cover your student. "SCHOOL TIME" or "24 HOUR ACCIDENT" plans from MYERS-STEVEN & CO. DO NOT COVER FOOTBALL, ONLY "TACKLE FOOTBALL" INSURANCE COVERS FOOTBALL.**

For ALL OTHER sports, "SCHOOL TIME ACCIDENT PLANS" or "24 HOUR ACCIDENT PLANS" from MYERS-STEVEN & CO. will cover your student.

I, \_\_\_\_\_ do hereby declare that \_\_\_\_\_ is insured in accordance with Education Code, Section 31751 and 31752 through: \_\_\_\_\_. I hereby give consent to the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trip.

**PARENT AUTHORIZATION:** In signing this form, I/we am/are aware that this activity is an extracurricular activity held under school supervision. It is not a required activity. I/we understand that the Board of Education, the school district or its employees will not be held liable if injuries to my student result from participating in this activity or from transportation related thereto.

I declare that I will maintain this insurance or notify the athletic director in writing of cancellations. My signature upon this affidavit signified that I, the parent/guardian of the student/athlete will assume the cost of ambulance service in case of an emergency. I understand the school does not pay for ambulance services.

|   |  |  |                                    |                                    |                                     |                                    |
|---|--|--|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <b>WARNING AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS</b> |  |  |                                    |                                    |                                     |                                    |
| <b>FALL:</b>  | <input type="checkbox"/> Cross County  | <input type="checkbox"/> Football      | <input type="checkbox"/> G. Tennis | <input type="checkbox"/> G. Golf   | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cheer     |
| <b>WINTER:</b>  | <input type="checkbox"/> B. Basketball | <input type="checkbox"/> G. Basketball | <input type="checkbox"/> B. Soccer | <input type="checkbox"/> G. Soccer | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Mat Maids |
| <b>SPRING:</b>  | <input type="checkbox"/> Baseball      | <input type="checkbox"/> Golf          | <input type="checkbox"/> Track     | <input type="checkbox"/> Swim      | <input type="checkbox"/> Softball   | <input type="checkbox"/> B. Tennis |

### Health Statement

**Student's Name:** \_\_\_\_\_ **I hereby certify that the named students is physically fit to engage in sports.**

**Date:** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_ **Heart Rate:** \_\_\_\_\_

### Parental Medical Treatment Authorization

In the event of injury or illness to my/our student, \_\_\_\_\_ I/we hereby grant authorization to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances: Permission granted by: **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Any history of ASTHMA, if so, indicate prescribed medication \_\_\_\_\_ Bee Sting Allergy, if so, indicate medication \_\_\_\_\_ Drug allergies, if so, what drugs \_\_\_\_\_

List previous injuries \_\_\_\_\_ List medication currently taking \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_