

**Student Athlete COVID-19 Return-to-Play**

Your child is able to return to school-based athletics upon providing proof of a negative COVID-19 test, once symptoms have improved and they have completed their required quarantine period related to COVID-19.

The District does not, and is not requiring medical clearance to return to school-based athletics; however, the California Interscholastic Federation (CIF) provides the following recommended evaluation based on severity of illness.

| **Severity of Illness** | **Associated Symptoms** | **Recommended Evaluation** |
| --- | --- | --- |
| Asymptomatic | No symptoms | * Medical clearance |
| Mild to Moderate | Sore throat, diarrhea, fatigue, headache, fever/chills, abdominal pain, congestion, loss of taste or smell | * Medical evaluation * ECG, troponin, echocardiogram if history of moderate disease symptoms (strongly recommended) |
| Severe | Hospitalization | * Medical evaluation * Cardiology consultation (recommended) * Cardiac testing |

**Student-Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student-Athlete’s ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sport(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have read and understand CIF’s recommended evaluation for student-athletes returning to school-based athletics. I further understand that the District is not requiring the recommended evaluation before returning to athletics, if other requirements are met, and is providing this information so I may make a choice related to my child. I hereby release and hold harmless the Anaheim Union High School District, its officers, employees, volunteers, and agents from any and all liability arising out of my child’s participation in school-based athletics following a return to play.

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Parent/Guardian Signature Date