



*Athletics Department*  
*701 N. Madison St.*  
*Stockton, CA 95202*

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## **Informed Consent for Sports Participation**

Dear Parent/Guardian:

This letter serves to inform you that a limited number of high-contact sports competitions have been authorized by the California Department of Public Health and the California Interscholastic Federation. You are receiving this letter because your child participates in one of the authorized sports. Stockton Unified School District (SUSD) is implementing specific requirements for student athletes returning to high-contact sports competition.

According to information provided by the Centers for Disease Control, the California Department of Public Health, and the San Joaquin County Public Health Department, COVID-19 is a virus spread mainly from person-to-person. Transmission can occur between people who are in close contact with one another (within 6 feet for 15 minutes or more) through droplets produced when an infected person coughs, sneezes or talks. Under certain circumstances, COVID-19 can sometimes be spread by airborne transmission. COVID-19 spreads less commonly through contact with contaminated surfaces.

SUSD has posted guidelines for the safe return of high school sports on your school's webpage. Please refer to these guidelines for more information on sports participation.

Because high-contact sports are considered an activity that places participants at-risk for COVID exposure, your child will be required to receive a COVID-19 test every "game week" while San Joaquin County is in the widespread (purple) tier. A separate permission slip will be required for COVID testing; more information on the specific test procedure will be provided to you.

SUSD *requires* student athletes who have recovered from COVID-19 to obtain a medical clearance from their physician before the child returns to sports participation. Myocarditis (inflammation of the heart muscle) has been a concern in a minority of children and adolescents. The SUSD School Nurse will provide you with a form for your physician to complete. The form can also be found on your school's athletic webpage.

We look forward to seeing your student athlete back on the field, in the pool, and on the court! Please complete the attached form and return it as instructed below.

Please contact your coach or athletic director with any questions.

Thank you,

A handwritten signature in black ink, appearing to read 'Rhad L. L.', is written over a horizontal line.

SUSD Lead Athletic Director

3/2/2021  
Date

## Parent/Guardian Informed Consent for Sports Competition

*Please complete the information below to indicate you have read and reviewed the requirements for your child's participation in SUSD Athletic competitions.*

*Detach and return the form to your child's coach. In addition, please upload the completed document to [www.FamilyID.com](http://www.FamilyID.com).*

*This form **MUST** be received before your child can participate in matches and games.*

\* I understand that COVID-19 is a virus spread through close contact with infected individuals, and high-contact sports increase my child's risk for COVID-19 exposure.

\* I understand that if my child tests positive for COVID-19 after March 1, 2021, it is my responsibility to obtain a medical clearance before my child can return to sports competition.

\*\* For CIF Determined High-Contact Sports ONLY: I understand that my child will be tested weekly for COVID-19 every "game week" while San Joaquin County is in the widespread (purple) tier. A separate permission slip will be required for COVID-19 testing.

\_\_\_\_\_  
Name of Student Athlete

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

\_\_\_\_\_  
Sport

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Printed Name

\_\_\_\_\_  
Phone Number