

PARTICIPATION AGREEMENT FOR REDDING SCHOOL DISTRICT SPORTS

ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter _____ to participate in the District-sponsored sports activities.

(Please note that this participation agreement will need to be filed out annually.)

I understand and acknowledge that these activities, by their very nature, post the potential risk of serious injury/illness to individuals who participate in such activities and I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include but are not limited to the following:

- | | | |
|------------------------------|---------------------|--------------------------|
| 1) sprains/strains | 2) fractured bones | 3) unconsciousness |
| 4) paralysis | 5) loss of eyesight | 6) communicable diseases |
| 7) head and/or back injuries | 8) death | |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

_____ I received information in regards to **Sudden Cardiac Arrest**. (Hand-outs at the back of athletic packet)
(Initial)

_____ I received information in regards to **Concussions**. (Hand-outs at the back of athletic packet)
(Initial)

_____ I received information in regards to **Opioids**. (Hand-outs at the back of athletic packet)
(Initial)

I understand and acknowledge that I may be required to donate time or, instead, may choose to donate money and to volunteer to fundraise to support athletics.

I understand and acknowledge that in order to participate in these activities. I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in these activities.

I understand, acknowledge, and agree that the Redding School District, its elected or appointed officials, employees, agents or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

I acknowledge that I have carefully read this PARTICIPATION AGREEMENT FOR REDDING SCHOOL DISTRICT VOLUNTARY ACTIVITIES and that I understand and agree to its terms.

Parent/Guardian

Date

Student/Athlete Signature

Date

A signed PARTICIPATION AGREEMENT FOR REDDING SCHOOL DISTRICT VOLUNTARY ACTIVITIES must be on file with the school before a student will be allowed to participate in the above extra-curricular activities.

The undersigned hereby acknowledges and understands that the District is **NOT** providing transportation to school sponsored activities and that it is the responsibility of the undersigned to arrange for transportation and that the undersigned acknowledges that the driver is not driving on behalf of or as an agent of the District.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY FOR ANY INJURIES OR LOSSES RESULTING FROM THE NON-DISTRICT SPONSORED TRANSPORTATION.

Parent/Guardian

Date

Student/Athlete Signature

Date

COMPLETED PACKET MUST BE SUBMITTED TO THE OFFICE PRIOR TO TRYOUTS IN ORDER TO RECEIVE GOLD CARD CLEARANCE CARD. STUDENTS WILL NOT BE ABLE TO TRY OUT WITHOUT THE GOLD CLEARANCE CARD.

STUDENT ATHLETE CONTRACT

1) ACADEMIC ELIGIBILITY FOR ATHLETES

- a) Students must have a 2.0 GPA with no F's in order to obtain a "gold card" to try out for any sports team. In addition, students must maintain a 2.0 GPA with no F's during the season in order to participate. If the student's GPA falls below a 2.0, or the student receives a failing grade in any class, he/she will be placed on academic probation. While on academic probation, the student will not be permitted to participate in practices, games or tournaments but may still attend in order to support his/her team. Students are encouraged to make use of study halls in order to improve their grades as soon as possible. When the student raises his/her grade(s), he/she will need to obtain a new gold card from the office in order to resume participation in team activities.
- b) Grades will be checked twice during the sport season by the Athletic Director. Any "F" grade or under a 2.0 GPA will be reported to Administration and/or the Coach immediately.

2) BEHAVIOR ELIGIBILITY OF ATHLETES

- a) Behavior at contests, functions, practices, or while on any school campus is subject to all school rules.
- b) A student who is caught in possession of or who uses tobacco or vape (vaping, smoking or chewing), on or near campus, at a school function, on another school site, or any non-school situation, will be dismissed from the team.
- c) A student who is caught in possession of or who uses illegal drugs on or near campus, in school or non-school situations, will be dismissed from the team and will be subject to a pre-expulsion hearing.
- d) Defiant or disrespectful behavior that warrants suspension from class (teacher has given detentions, contacted parent/guardian, student team leader, and has informed student and parent/guardian of class suspension or that class suspension is next step), or from school (by team leader or administrator) will be subject to the following consequences:
 - (i) The athlete will be suspended from the team for one calendar week.

(ii) The athlete will be dismissed from the team for the 2nd offense.

e) Athletes represent Sequoia. Therefore, Sequoia's administration will determine if an athlete is to be removed from a team for any offense not covered by this document.

3) ATTENDANCE REQUIREMENTS FOR ATHLETES

a) An unexcused absence or tardy is unacceptable during the season. The consequences are suspension from the team for one calendar week for the 1st offense and dismissal from the team for the 2nd offense.

b) Absence from school on the day of a contest shall result in denial of the privilege to participate in the game for that day. Saturday or holiday events will be affected by attendance on the previous day.

c) If a student is unable to participate in his/her physical education class during the school day, he/she will not be eligible to participate in athletics for that day.

4) PLAYER CODE OF CONDUCT

a. Athletes are expected to show the highest standards of sportsmanship during competition.

b. Athletes are to share in the responsibility for the conduct of their teammates and supporters of their team by helping control their behavior.

c. Athletes must accept the decisions of officials. Questions regarding calls are to be directed to the official by the coach or team captain.

d. Complaints that athletes have, should be directed to the coach, Athletic Director, or Athletic Administrator.

e. Athletes are responsible for all equipment and uniforms issued to them and will have to replace or pay for lost or damaged items.

f. If athletes do not turn in their uniform they may not participate/tryout for the next season.

Note: Coaches may establish additional rules pertaining to his or her sport regarding practices, out-of-town games, etc. Rules set by an individual coach will be in writing and approved by the Athletic Director and Administration.

Parent/Guardian

Date

Student/Athlete Signature

Date

[Name]

[Name]

[Name]

Athletic Administrator
[email]

Athletic Director
[email]

Athletic Director
[email]

PARENT & SPECTATOR SPORT CODE OF CONDUCT

Children's sports are supposed to be fun for the children. Unfortunately, many parents, fans, and coaches don't realize that their actions, whether verbal or nonverbal, can have a lasting emotional effect on their children. Too many children are leaving sports activities because adults unfairly take the fun away.

The following Code of Conduct for parents and spectators has been adapted from the National Youth Sports Foundation. We expect all parents, spectators, and coaches to abide by this simple code and help reinforce what sports are all about, BEING FUN FOR EVERYONE.

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these six pillars of character.

As a parent or spectator:

- 1) I will remember that children participate to have fun and that the game is for youth, not adults.
- 2) I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice or other sporting events.
- 3) I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
- 4) I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- 5) I will demand that my child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, gender, or ability.
- 6) I will respect the officials and coaches and their authority during games and will never question, discuss, or confront officials or coaches at the games field, and will take time to speak with coaches at an agreed upon time and place.
- 7) I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- 8) I (and my guests) will allow for a minimum of 24 hours (cool down period) prior to contacting a coach, player, parent, athletic director, administrator or official to express frustration or concerns except in the case of an emergency.

I also agree that if I fail to abide by the rules and guidelines mentioned above, I will be subject to disciplinary action that could include, but is not limited to the following:

- Ø Verbal warning by the official, head coach, Athletic Director, and/or school administrator.
- Ø Written warning.
- Ø Parental game suspension with written documentation of incident kept on file by the school.
- Ø Game forfeit through the official or coach.
- Ø Parental season suspension.
- Ø Student/athlete removal from the team.

PARENT/GUARDIAN SIGNATURE



Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

**Fainting
is the
#1 SYMPTOM
OF A HEART CONDITION**

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, recreational drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>



Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

- | | |
|--|---|
| <ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly | <ul style="list-style-type: none">• Slurred speech• Shows a change in personality or way of acting• Can't recall events before or after the injury• Seizures or has a fit• Any change in typical behavior or personality• Passes out |
|--|---|

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or throws up• Neck pain• Has trouble standing or walking• Blurred, double, or fuzzy vision• Bothered by light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Loss of memory• "Don't feel right"• Tired or low energy• Sadness• Nervousness or feeling on edge• Irritability• More emotional• Confused• Concentration or memory problems• Repeating the same question/comment |
|--|--|

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

School:

Concussion Information Sheet

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3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can visit:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

I acknowledge that I have received and read the CIF Concussion Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

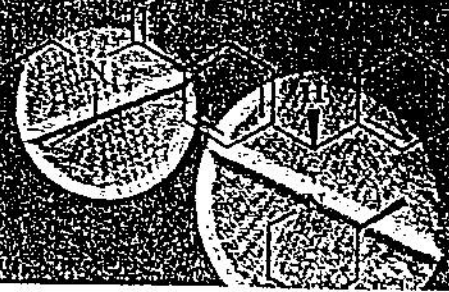
Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association

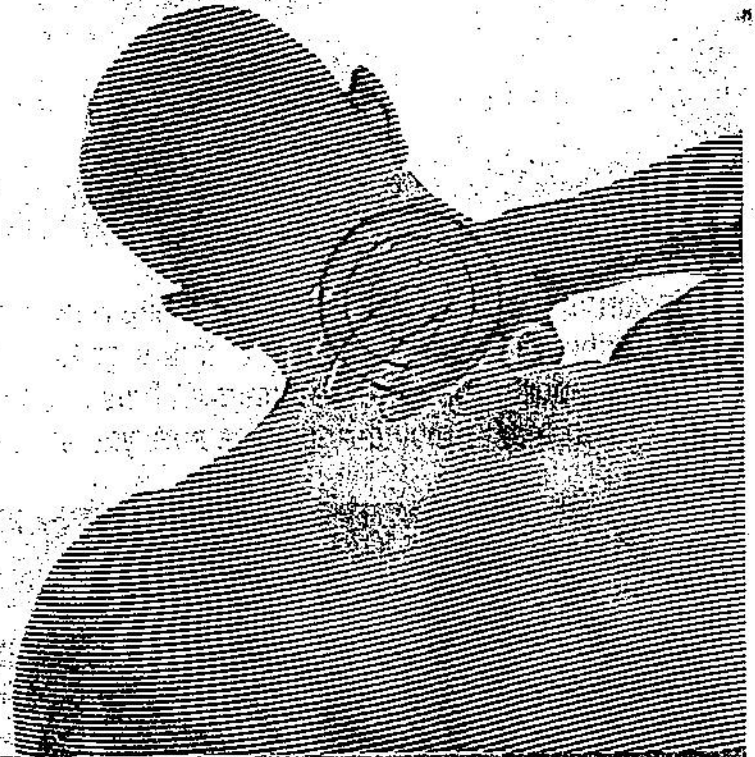
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May 9, 2016

KNOW YOUR OPTIONS

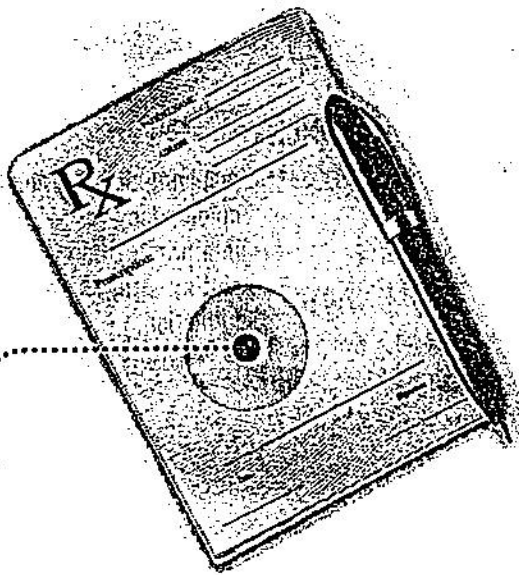
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options may actually work better and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ___ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



Be Informed! ←

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.