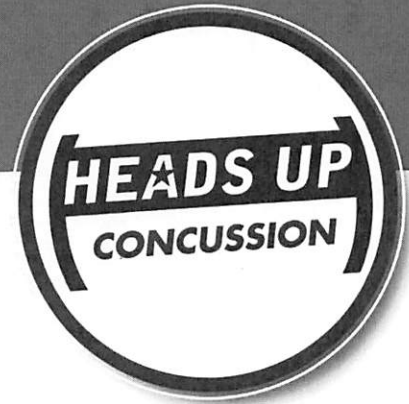


PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- 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 mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

[INSERT YOUR LOGO]



**"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED


STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Student Athlete Sportsmanship Expectation Form
(From Virginia High School League Handbook)

The Athlete Should:

1. Be courteous to visiting teams and officials.
2. Play hard and to the limit of his/her ability, regardless of discouragement. The true athlete does not give up nor does he/she quarrel, cheat, bet or grandstand.
3. Retain his/her composure at all times and never leave the bench to enter the playing field/court to engage in a fight.
4. Be modest when successful and be gracious in defeat. A true sportsman does not offer excuses for failure.
5. Maintain a high degree of physical fitness by observing team and training rules conscientiously.
6. Demonstrate loyalty to the school by maintaining a satisfactory scholastic standing and by participating in or supporting other school activities.
7. Play for the love of the game.
8. Understand and observe the rules of the game and the standards of eligibility.
9. Set a high standard of personal cleanliness.
10. Respect the integrity and judgment of officials and accept their decisions without question.
11. Respect the facilities of host schools and the trust entailed in being a guest.

My signature affirms that as a student athlete representing a Chesterfield County Public Schools team, I have read and understand the sportsmanship expectations listed above. Further, I agree, at all times, to abide and practice these behaviors understanding the failure, to do so may result in consequences including, but not limited to, sanctions from the Virginia High School League (VHSL) and the school pertaining to continued or future participation in any VHSL activity.

Student Name (Please Print): _____

Student Signature: _____

Date: _____

[This form will remain on file in the office of the Director of Student Activities]

SPORTS MEDICINE

ATHLETE INFORMATION

Athlete's Full Legal Name: _____ Male Female DOB: _____
 Nickname: _____ Grade: _____ Sport: _____ JV or Varsity
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone number: _____ Email Address: _____

EMERGENCY MEDICAL INFORMATION

Please list all medical history that may be pertinent for a medical professional to know in the event of an emergency (asthma, diabetes, sickle cell trait, other genetic disorders): _____

Is your child on any medication? **Yes or No** If so, please specify: _____

Please list all allergies: _____

Has your child been prescribed an EpiPen? **Yes or No** Has your child been prescribed an inhaler? **Yes or No**

Emergency Contact

Secondary Emergency Contact Person(s)

Name(s)		
E-mail(s)		
Work/Cell #s		
Relationship to Athlete		

INSURANCE INFORMATION

Does your insurance require a referral from your PCP (primary care physician) to see another Dr. or Specialist?
YES NO

If yes list: Primary Care Physician: _____ Phone Number: _____

[] Athlete is covered by *school* insurance Date enrolled: _____
 [] Athlete has *primary* insurance coverage Insurance Company _____
 Policy Holder Legal Name _____ Insurance ID # _____
 Policy Group # _____ Policy Holder's Relationship to athlete _____
 Policy Holder's DOB _____ Contact Phone Number _____
 Type of Insurance: **Traditional HMO PPO POS Other** _____

[] Athlete has *secondary* insurance coverage Insurance Company _____
 Policy Holder Legal Name _____ Insurance ID # _____
 Policy Group # _____ Policy Holder's Relationship to athlete _____
 Policy Holder's DOB _____ Policy Holder's Phone Number _____
 Type of Insurance: **Traditional HMO PPO POS Other** _____

[] Athlete is *NOT* covered by insurance

****Please have a parent or legal guardian sign and return to your athlete's coach or the athletic trainer at your high school****

Printed Name: _____ Signature: _____ Date: _____

Student Athlete Authorization for Disclosure of Protected Health Information

I hereby authorize the Team Physicians from VCU Health System and Certified Athletic Trainers representing Matoaca High School to release information regarding my protected health information and any related information regarding any injury or illness during my participation in high school athletics. This protected health information may be released to other health care providers, parents/guardians, hospitals and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, and the VHSL. I understand that my authorization /consent for the disclosure of my protected health information is a condition for participation as a high school athlete for Monacan High School. I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act (FERPA) and may not be disclosed without either my authorization under HIPAA or my consent under FERPA. I understand that once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or FERPA.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer, but if I do, it will not have any effect on actions Matoaca High School took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent expires one (1) year from the date it is signed.

Name of Student-Athlete (**Please print**)

Date of Birth

Date

Signature of Student-Athlete

Sport

Parent/Legal Guardian (**Please Print**)

Signature of Parent/Legal Guardian

Date