

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- 1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- 2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- 3) Key definitions:
 "Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 "Extracurricular interscholastic activity" means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. OBEY THE NEW LAW.
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- Tell your coaches & parents – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- Get a medical check-up – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- Give yourself time to heal – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

Signs Reported by Students:

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

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- 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

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit www.cdc.gov/Concussion

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student's Signature _____ Date _____

Student's Printed Name _____

Parent's Signature _____ Date _____

Student's School _____

**HEALTH AND INJURY INFORMATION AND
CONSENT FOR MEDICAL TREATMENT FOR
GRADES 7-12**

THIS FORM IS TO BE COMPLETED AND KEPT AVAILABLE FOR REFERENCE WHEREVER COMPETITION TAKES PLACE. UPDATE MEDICAL INFORMATION AS NECESSARY.

Student: _____ Today's Date: _____
 Age: _____ Grade: _____ Date of Birth: _____
 Parent/Guardian Name(s): _____
 Student Address: _____

Parent/Guardian Phone Numbers: Home: _____
 Work: _____ Cell: _____
 Emergency Contact Person: _____
 Relationship: _____ Home Phone: _____
 Work Phone: _____ Cell Phone: _____
 Family Physician: _____ Phone: _____
 Preferred Hospital: _____ Phone: _____
 Family Dentist: _____ Phone: _____
 Date of last Tetanus Booster: _____
 Do you wear glasses: _____ Contacts: _____ Dentures: _____
 Do you have adequate insurance to protect your son or daughter in case of an accident? _____
 Name of Insurance Company: _____
 Policy Number: _____
 List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

Please note and date injury information here:

CONSENT FOR MEDICAL TREATMENT

Iowa law requires a Parent's or legal guardian's written consent before their son or daughter can receive emergency treatment, unless in the opinion of a physician, the treatment is necessary to prevent death or serious injury.
 As parent(s) or legal guardian(s) of the child named, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Parent's/Guardian's Signature: _____
 Date Signed: _____

CONCUSSION AWARENESS

The Iowa legislature passed a new law, effective July 1, 2011, regarding students in grades 7-12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

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 - 2: A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
 - 3: "Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
- "Extracurricular interscholastic activity" means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

IMPORTANT: Students participating in interscholastic athletics, cheerleading, and dance, and their parents/guardians, must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports"

Student Signature: _____
 Printed Name: _____
 Date: _____
 Parent Signature: _____
 Date: _____
 Student School: _____

**PARENT'S OR GUARDIAN'S PERMISSION TO
PARTICIPATE AND RELEASE**

Name of Student: _____
 I hereby give my consent for the above named student to engage in approved athletic activities as a representative of Logan-Magnolia Schools, except for those that may be indicated by a licensed professional on the student's physical form. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Printed Name of Parent or Guardian: _____
 Signature of Parent or Guardian: _____
 Address: _____
 Contact Phone Numbers
 Home: _____
 Work: _____
 Cell: _____

INSURANCE WAIVER

The Logan-Magnolia Community School District does not provide any type of health or accident insurance for injuries incurred by your child as school or school activities.

Please check one of the following:
 _____ We have adequate insurance to protect our son/daughter in case on an _____ accident.
 _____ We would like to purchase school insurance. (Contact the High School Athletic Director for options)

Student Name: _____
 Parent's Signature: _____