

O'Fallon C.C. School District 90 Concussion Agreement to Participate

A concussion is a brain injury. It is caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. A concussion can range from mild to severe and disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** Even a “ding” or a bump on the head can be serious. You can't see a concussion and most concussions occur without loss of consciousness. Signs and symptoms of a concussion may appear right after the injury or take hours or days to fully appear. If your child reports any symptoms of a concussion, or if you notice the symptoms or signs of a concussion, seek medical attention right away.

Symptoms Reported by Student-Athlete	Signs observed by others:
Headache	Loss of consciousness
Nausea	Appears dazed
Balance problems or dizziness	Confused about play/assignment or forgets play/assignment
Blurred, double, or fuzzy vision	Unsure of game, score, or opponent
Sensitivity to light or noise	Clumsiness
Fogginess or grogginess	Slowly responds to questions
Drowsiness or sluggishness	Slurred speech
Concentration or memory problems	Behavior or personality changes
Confusion	Can't recall events prior to or after injury
	Seizures or convulsions
	Vacant facial expression

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

A student-athlete with the signs/symptoms of a concussion should be removed from play immediately. Continuing to play with the signs/symptoms of a concussion leaves the student-athlete vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after a concussion occurs, particularly if the student-athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. Student-athletes sometimes fail to report injury symptoms. Concussions are no different. Education of administrators, coaches, parents and students is the key to the safety of student-athletes.

Return to Play (RTP) Policy

Any student-athlete suspected of suffering a concussion should immediately be removed from play. No student-athlete may return to play after a concussion without medical clearance, regardless of how mild it seems or how quickly symptoms clear. Close observation of the student-athlete should continue for several hours. IHSA Policy states that a student-athlete removed from an interscholastic contest or practice due to a possible concussion, and not cleared to return to that same contest or practice, is required to provide the school with written clearance from either of the medical professionals listed below.

1. Physician licensed to practice medicine in all its branches
2. Certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches

In accordance with Public Act 097-0204, all schools are required to follow IHSA policy. As members of SIJHSAA, Tri-County Conference, and IESA, we follow the Rules of Play as adopted by IHSA.

Inform the coach if you think your child may have a concussion. It is better to miss one game than to miss the whole season.
“When in doubt, the student-athlete sits out.”

For information on concussions and Public Act 097-0204, please go to:

<http://ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx>

Your signature, below, indicates that you have read the information above and are aware of the school's concussion policy. Both signatures are required before the student-athlete will be permitted to participate in any District 90 athletic activity.

Name of Student-Athlete (Printed)

Student-Athlete Signature

Date

Student's Grade Level: _____

Name of Parent or Legal Guardian (Printed)

Parent or Legal Guardian Signature

Date