



2020-2021 RETURNING ATHLETE FORM

School name: _____

Student name: _____

Sport: _____

I, _____, certify that I have verified the student athletic folder of _____ includes all the following required documents:

- ☐ Official Transcript/Grades
- ☐ Legal/Acceptable/Proof of Birth
- ☐ LHSAA Medical History Evaluation
- ☐ LHSAA Participation/Permission Form
- ☐ LHSAA Substance Abuse/Misuse Contract and Consent Form
- ☐ LHSAA Assurance Form for SPED Student (if applicable)
- ☐ CPSB Drug Policy for Athletes

I have distributed and received the following completed forms for 2020-2021:

- ☐ CPSB Authorization of Treatment and Waiver of Liability
- ☐ Insurance Statement
- ☐ Copy of Insurance or Medicaid Card
- ☐ Personal Information
- ☐ CPSB Informed Consent - Football Only (if applicable)
- ☐ Act 314 Concussion Statement
- ☐ Act 352 Risk of Serious Injury

Signed:

Coach

Date

**This form is to be completed by CPSB coach

Building Foundations for the Future



June 1, 2020

Dear Parent/Guardian:

You are receiving this letter because your child has expressed interest in participating in middle or high school athletic activities.

Parents/guardians must provide proof of private insurance or Medicaid coverage or purchase a voluntary coverage plan, developed specifically for Calcasieu, for their child before he/she can participate in middle and high school athletic activities including the following: football, baseball, softball, basketball, volleyball, soccer, track & field, golf, tennis, swim, cheer, dance, pep squad, band, bowling, and wrestling.

Parents/guardians with existing insurance may also purchase the voluntary plan to provide additional coverage for co-pays, deductibles and out-of-pocket expenses.

Please see the attached enrollment form and instructions if you are interested in purchasing a voluntary policy.

If you have any questions, feel free to contact Stacy Hebert at 337-217-4240 ext. 3004.

In safety,

Skylar D. Fontenot
Risk Manager
Calcasieu Parish School Board

Building Foundations for the Future

****If your child is uninsured and would like to participate in summer athletic programs, you will need to purchase the 2019-2020 Student Accident Policy. Please note that this policy will expire on 8/1/20. Therefore, you will be required to purchase the 2020-2021 Student Accident Policy by 8/1/20 for your child to continue to participate in CPSB Athletics.**

****At this time, we are NOT including the enrollment forms in this packet. You can contact Risk Management at 217-4240 Ext. 3004 for the 2019-2020 enrollment forms. The 2020-2021 enrollment forms will be available sometime in July.**

****Incoming freshmen: If a 2019-2020 voluntary policy was purchased in middle school, that coverage is valid through 8/1/20. However, for FRESHMAN FOOTBALL – the voluntary policy that was purchased to participate in middle school sports DOES NOT cover FRESHMAN football. Summer conditioning does not require football specific coverage. If they are participating in speed or agility workouts on the football field that is consider conditioning. However, once they begin practice on the football field (i.e. with a football) you will be required to purchase the 2019-2020 High School Spring Only policy which expires 8/1/20 and then purchase the 2020-2021 High School Full Year policy.**

****2020-2021 policies will be valid from 8/1/20 or date of purchase (whichever is later) through 8/1/21.**

Minimum Policy Needed If NOT covered by private insurance or Medicaid			
Sport	School Time Low Option	Full Year Highs School Football Low Option	Spring/Summer High School Football Low Option
All Middle Schools Sports	X		
High School Non-Football	X		
High School Football		X	
High School Football Spring Only			X

**** If your child plays football and another sport(s), the School Time Plan must also be purchased**

****Non-football: baseball, softball, basketball, volleyball, soccer, track & field, golf, tennis, swim bowling, wrestling, cheer, dance, pep squad and band**

****Middle School Bands who do not perform OUTSIDE of class are NOT required to have coverage**

1. If you are purchasing this policy for PRIMARY coverage (only coverage) as required for participation in student athletics:
 - a. Turn in the completed enrollment form with payment (check or money order) to the Risk Management Office on 3310 Broad Street, Lake Charles, LA 70615
 - b. Risk Management will forward your enrollment form and payment to K&K
 - c. Risk Management will verify coverage with K&K once your enrollment form and payment are processed
 - d. Risk Management will notify the head coach and parent once the student is eligible to participate in student athletics
2. If you are purchasing this policy for SECONDARY coverage please mail to:
K & K Insurance Group
P. O. Box
Fort Wayne, IN 46801-2338

Questions about the enrollment process can be directed to Risk Management: 217-4240 Ext. 3004



Returning High School Participant Packet

REQUIRED FORMS	HIGH SCHOOL SPORTS
A - Medical History Evaluation (Part I)	X
A - Medical Examination (Part II)	X
F - Auth of Treatment/Waiver/Hold Harmless	X
G - Insurance Statement	X
H - Personal Information	X
I - Informed Consent (Football Only)	X
J - Concussion Statement (Act 314)	X
K - Risk of Serious Injury (Act 352)	X

A copy of your proof of insurance will need to be provided along with this completed packet.

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
☐	☐	Head Injury / Concussion	_____	☐	☐	Neck Injury / Stinger	_____	☐	☐	Shoulder L / R	_____
☐	☐	Elbow L / R	_____	☐	☐	Arm / Wrist / Hand L / R	_____	☐	☐	Back	_____
☐	☐	Hip L / R	_____	☐	☐	Thigh L / R	_____	☐	☐	Knee L / R	_____
☐	☐	Lower Leg L / R	_____	☐	☐	Chronic Shin Splints	_____	☐	☐	Ankle L / R	_____
☐	☐	Foot L / R	_____	☐	☐	Severe Muscle Strain	_____	☐	☐	Pinched Nerve	_____
☐	☐	Chest	_____			Previous Surgeries:	_____				

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
☐	☐	Heart Murmur / Chest Pain / Tightness	☐	☐	Asthma / Prescribed Inhaler	☐	☐	Menstrual irregularities: Last Cycle: _____
☐	☐	Seizures	☐	☐	Shortness of breath / Coughing	☐	☐	Rapid weight loss / gain
☐	☐	Kidney Disease	☐	☐	Hernia	☐	☐	Take supplements/vitamins
☐	☐	Irregular Heartbeat	☐	☐	Knocked out / Concussion	☐	☐	Heat related problems
☐	☐	Single Testicle	☐	☐	Heart Disease	☐	☐	Recent Mononucleosis
☐	☐	High Blood Pressure	☐	☐	Diabetes	☐	☐	Enlarged Spleen
☐	☐	Dizzy / Fainting	☐	☐	Liver Disease	☐	☐	Sickle Cell Trait/Anemia
☐	☐	Organ Loss (kidney, spleen, etc)	☐	☐	Tuberculosis	☐	☐	Overnight in hospital
☐	☐	Surgery	☐	☐	Prescribed EPI PEN	☐	☐	Allergies (Food, Drugs)
☐	☐	Medications						

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. Yes No
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. Yes No
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. Yes No
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). Yes No

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
--------------	--------------	----------------------	-------------

GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Hernia	☐	☐

(if Needed)

COMMENTS: _____

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐
II. Upper Extremity		
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Hand / Fingers	☐	☐
III. Lower Extremity		
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐

From this limited screening I see no reason why this student cannot participate in athletics.

- ☐ Student is cleared
☐ Cleared after further evaluation and treatment for: _____
☐ Not cleared for: __contact __non-contact

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

This physical expires one year from the date it was signed and dated by the MD, DO, APRN or PA.

**AUTHORIZATION FOR TREATMENT AND
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating in athletic events sponsored by, or in any way involving, the Calcasieu Parish School Board or any of its schools, I hereby release, waive, discharge and covenant not to sue the Calcasieu Parish School Board, its members, agents, faculty, staff, administrators, officers, servants, and employees (hereinafter referred to as CPSB) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that I may sustain or experience while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

2. To the best of my knowledge, the student-athlete can fully participate in sports activities. I am fully aware of risks and hazards connected with the activity, and I hereby allow the student-athlete to voluntarily participate in said activity and engage in such activity knowing that the activity may be hazardous. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained, or any loss or damage to property owned, as a result of the student-athlete being engaged in such an activity.

3. I authorize all medical treatment that may become necessary as a result of the student-athlete's participation in athletic events.

In signing this release, I acknowledge and represent that I (a) have read the foregoing document, understand it and sign it voluntarily; (b) have received no oral representations, statements or inducements apart from the foregoing written agreement; and (c) am fully competent and the proper person to execute this document.

Signed this _____ day of _____, 20____.

Student Athlete (Printed Name)

Parent/Guardian (Printed Name)

Date

Parent/Guardian (Signature)

Date

CALCASIEU PARISH SCHOOL BOARD

3310 Broad Street
Lake Charles, Louisiana

Insurance Statement Form

Student's Name: _____

Parent/Guardian's Name: _____

I, the undersigned parent or guardian, give my child permission to participate in all school sponsored athletics. I sign this form with the understanding that neither the school nor the Calcasieu Parish School Board assumes any liability for accident or injury to my child while participating in school sponsored athletics. I also understand that, in the event of injury to my child, I will assume all liability incurred.

I recognize that the Calcasieu Parish School Board requires each student athlete to be protected for medical expenses in the event of injury, and I must provide coverage for my child's medical expenses resulting from injuries that might occur during school sponsored athletics. I certify that my child is protected for medical expenses resulting from injury through the coverage noted, and I agree to maintain coverage for my child for injury throughout participation in school sponsored athletics. If my child changes or loses coverage while participating in school sponsored athletics, I will immediately alert the Calcasieu Parish School Board. I acknowledge that my child will not be allowed to participate until coverage is reinstated. I understand that the Calcasieu Parish School Board is not responsible for any medical costs associated with any injuries my child might sustain while participating in school sponsored athletics.

_____ My child is covered for medical expenses that might result from injury during school sponsored athletics as follows:

_____ Private Insurance (Proof of coverage attached)

_____ I acknowledge that I can purchase K&K Student Accident Insurance Policy to supplement any unpaid portion of a student accident claim such as deductible or out-of-pocket expenses that are remaining after filing with my private insurance.

_____ Medicaid (Proof of coverage attached)

_____ My child is not covered for medical expenses that might result from injury during school sponsored athletics and I wish to enroll my child in K&K Student Accident Insurance Policy. (See enclosed brochure and attach proof of coverage).

SIGNED: Parent or Guardian: _____

Date: _____

Student Athlete: _____

Date: _____

PERSONAL INFORMATION SHEET

One copy will stay on file at the school site, and a second copy will be used when traveling

Athlete Information:

NAME: _____			BIRTHDATE: _____
ADDRESS: _____			
CITY/STATE: _____	ZIP: _____	SEX: _____	AGE: _____
PHONE NUMBER: _____		FAMILY DOCTOR: _____	
EMERGENCY CONTACT (RELATION AND PHONE #): _____			
CPSB ID#: _____		CURRENT MEDICATIONS: _____	
ALLERGIES? / ASTHMA? / DIABETES?: _____			

RESPONSIBLE PARTY OF ATHLETE:

NAME: _____		RELATION: _____
ADDRESS: _____		
CITY/STATE: _____	ZIP: _____	PHONE NUMBER: _____
PHONE NUMBER: _____		FAMILY DOCTOR: _____
EMPLOYER: _____		WORK PHONE NUMBER: _____
ADDRESS: _____		

MEDICAL INSURANCE:

PRIMARY INSURANCE:	
INSURED'S NAME: _____	EMPLOYER: _____
GROUP #: _____	POLICY #: _____
SECONDARY INSURANCE:	
INSURED'S NAME: _____	EMPLOYER: _____
GROUP #: _____	POLICY #: _____

Should my son/daughter require emergency service during a supervised extra-curricular event when I am not present, I give permission to the CPSB personnel on-site to file a claim for such services with the above health care insurer.

Parental Signature

Date

This form will be filed as permanent record in the athlete's folder.

Please notify the school's athletic department of changes to insurance policies.

SCHOOLS MUST MAKE A SECOND COPY OF THIS FORM FOR TRAVEL

H

INFORMED CONSENT – FOOTBALL

I, _____ have attended a briefing by the head coach and/or athletic trainer at my school concerning the ever-present risk of injury as a result of my participation in football at my school, during practice or competition.

Furthermore, I acknowledge the following areas were covered at that briefing:

1. My participation in football at the middle and high schools requires acknowledged acceptance of the risk of injury, however minor or catastrophic it may be.
2. The rules of conduct of football are designed to protect me as an athlete from injury, but even the proper enforcement of such rules by game officials is not a guarantee against injury. Also, printed labels or warnings on equipment, and instruction by my coaches in proper technique will minimize but can never completely eliminate such risk.
3. As a result of the tremendous forces encountered during conditioning, training, and competition, I understand that serious injuries, including, but not limited to the neck and head, may result in death, permanent brain damage, and/or paralysis with resultant paraplegia, quadriplegia and/or confinement to a wheelchair for life.
4. I also understand that the rules of football against intentional butting, ramming or spearing the opponent with or without the helmeted head are designed to protect the attacking player much more than the other player. **CLEARLY, MY FAILURE TO COMPLY WITH THESE RULES MAKES ME A CANDIDATE FOR CATASTROPHIC INJURY.** I understand the typical scenario of this type of athletic disaster is the lowering of one's head while making a tackle. The momentum of the body tries to bend the neck after the head is stopped by the impact, and the cervical spine cannot be "splinted" as well by the neck muscle with the head lowered as it may be in the preferred "face up, eyes forward, neck bulled" position. Because of the impact forces involved, even the "face up" position is no guarantee against injury. Further, the intent to make contact face up cannot assure that such a position can be maintained at the moment of impact. When the force of impact is sufficient, the vertebrae can dislocate or break, causing damage to the spinal cord, and thereby producing permanent loss of motor and sensory production below the level of injury.
5. I recognize that I have the responsibility to wear the required equipment, obey the rules of football, train and condition my body to the best of my ability, and to utilize the proper techniques when playing. I also know that I must avoid athletic activities for which I have not been trained or do not feel qualified to perform. I agree to uphold my responsibilities to report any injuries to the athletic training staff, and follow their recommendations for treatment and rehabilitation, as needed to safely return to full participation.
6. Finally, I understand that the NOCSAE seal on my helmet indicates that a manufacturer has complied with the best available engineering standards for head protection. By keeping a proper fit, by not modifying its design, and by reporting to the equipment manager any need for its maintenance, I am also complying with the purpose of the NOCSAE standard.

I have read and understand the significance of these statements.

SIGNED:

Student Athlete

Date

Parent/Guardian

Date

Head Coach

Date

Trainer or Witness

Date

Louisiana High School Athletic Association
Parent and Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

Parent Initial	Student Initial	
_____	_____	A concussion is a brain injury, which I am responsible for reporting to my coach , athletic trainer, or team physician.
_____	_____	A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance
_____	_____	You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
_____	_____	If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.
_____	_____	I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
_____	_____	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
_____	_____	In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete

Date

Printed name of Student-Athlete

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian



Parent and Athlete Notification - Risk of Serious Injury in Athletics

Pursuant to Act 352 of the 2011 Louisiana Legislative Session, before a student is allowed to participate in any school-sponsored or school sanctioned athletic activity, the student and parents or guardian of the student shall document they have viewed information provided in written or verifiable electronic form by the school regarding the risks of serious sports injuries.

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. NO amount of instruction, precaution or supervision will totally eliminate all risk of injury. Participation in athletics is inherently dangerous. The obligation of parents/guardians and students in making this choice to participate cannot be overstated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well-being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instruction.

If any of the foregoing is not completely understood and you have questions, please contact the athletic director or school administrator for further information.

In signing this, I acknowledge and represent that I (a) have read the foregoing document, understand it and sign it voluntarily; (b) have received no oral representations, statements or inducements apart from the foregoing written agreement; and (c) am fully competent and the proper person to execute this document.

Signed this _____ day of _____, 20_____.

Student Athlete (Printed Name)

Parent/Guardian (Printed Name)

Date

Parent/Guardian (Signature)

Date

KEEP AT HOME

ACT 314

Louisiana Youth Concussion Act

During the 2011 Legislative session ACT 314, "Louisiana Youth Concussion Act", was signed into law. ACT 314 has three major requirements.

1. Prior to beginning of each athletic season, provide pertinent information to all coaches, officials, volunteers, youth athletes, and their parents or legal guardian which informs of the nature and risk of concussion and head injury, including the risks associated with continuing to play after a concussion or head injury.
2. Require each coach, whether such coach is employed or a volunteer, and every official of a youth activity that involves interscholastic play to complete an annual concussion recognition education course.
3. Requires as a condition of participation in any athletic activities that the youth athlete and the youth athlete's parent or legal guardian sign a concussion and head injury information sheet which provides adequate notice of the statutory requirements which must be satisfied in order for an athlete who has or is suspected to have suffered a concussion or head injury to return to play.

ACT 314 gives the responsibility of compliance of the act to the governing authority of each public and nonpublic elementary school, middle school, junior high school, and high school. As a result of many requests from our member schools, the LHSAA Sports Medicine Advisory Committee met and came up with some suggestions that may help our member schools to be

KEEP AT HOME

in compliance with this law. We have included the following documents to help you in your responsibility. The LHSAA is not named in this law, so **DO NOT SEND THIS DOCUMENTATION TO THE LHSAA**; keep it on file at your school for your own protection of compliance.

General Information

- LHSAA Concussion Policy/Rule (Adopted in 2010)
- Suggested Return-to-Play Healthcare Provider Release
- Suggested Step-wise Return-to-Play Progression
- LHSAA Suggested Home Instruction Sheet
- LHSAA Return-to-Competition Form
- Pocket SCAT2 Evaluation Tool

Coaches/Officials Information

- A Fact Sheet for Coaches (Center for Disease Control and Prevention or CDC)
- A Coaches Concussion Statement (LHSAA Sports Medicine Committee)
- A Sideline Sheet for Coaches (Center for Disease Control and Prevention or CDC)
- An Officials Concussion Statement (LHSAA Sports Medicine Committee)

Student-Athletes/Parents Information

- A Fact Sheet for Athletes (Center for Disease Control and Prevention or CDC)
- A Fact Sheet for Parents (Center for Disease Control and Prevention or CDC)
- A Parent's Guide to Concussion in Sports (National Federation of State High School Association or NFHS)
- A Parent and Student-Athlete Concussion Statement (LHSAA Sports Medicine Committee)
- A Home Instruction Sheet (LHSAA Sports Medicine Committee)

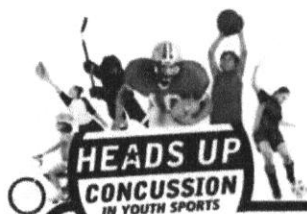
To help meet the education course aspect of ACT 314, the LHSAA recommends that individuals go to the NFHS website, www.nfhslearn.com, and click the link [Concussion in Sports: What you need to know](#), under Great Free Courses.

KEEP AT HOME

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



A Fact Sheet for PARENTS



WHAT IS A CONCUSSION?

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

You can't see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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 behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

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
- Does not "feel right"

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.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

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

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

Head up, stay safe. For more information on concussion in youth sports, visit www.cdc.gov/concussion

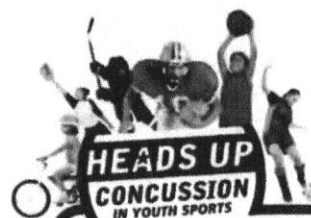
Head up, stay safe. For more information on concussion in youth sports, visit www.cdc.gov/concussion

KEEP AT HOME

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



A Fact Sheet for ATHLETES



WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and fit well
 - Used every time you play

It's better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit: www.cdc.gov/ConcussionInYouthSports

For more detailed information on concussion and traumatic brain injury, visit: www.cdc.gov/injury

KEEP AT HOME

Additional Resources:

Brain 101 – The Concussion Playbook.
<http://brain101.orcasinc.com/5000/>

Concussion in Sports- What you need to know.
<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

Heads Up: Concussion in High School Sports
http://www.cdc.gov/concussion/headsup/high_school.html

NFHS Sports Medicine Handbook, 4th Ed. 2011.

REAP Concussion Management Program.
<http://www.rockymountainhospitalforchildren.com/sports-medicine/concussion-management/reap-guidelines.htm>

Sport Concussion Library
<http://www.sportconcussionlibrary.com/content/concussions-101-primer-kids-and-parents>

Revised and Approved October 2013
January 2011
April 2009
October 2008
October 2005

DISCLAIMER – NFHS Position Statements and Guidelines

The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals, and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to record or modify any such document at any time.