



# FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 FIFTH AVENUE FAIRBANKS, ALASKA 99701-4756 (907) 452-2000

www.k12northstar.org



## PARENT AND STUDENT VERIFICATION OF RECEIPT OF INFORMATION CONCERNING CONCUSSIONS

Administrative Regulation 1062.4, Appendix A

In accordance with AS 14.30.142, the school district requires that each student, and each minor student's parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the district. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled "A Parent's Guide to Concussions in Sports." Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes." Students who are 18 years of age or older will also be provided with the Parent's Guide. Other suitable age appropriate documentation fulfills this requirement.

Parents and students should review this information, discuss it at home, and direct any questions to the student's coach, school principal or athletic activities coordinator.

### STUDENT ACKNOWLEDGEMENT (required for all athletes)

I acknowledge that I have received a copy of "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes" and understand its contents.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

### PARENT/GUARDIAN/ELIGIBLE STUDENT ACKNOWLEDGEMENT (Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

I acknowledge that I have received a copy of "A Parent's Guide to Concussions in Sports" and understand its contents.

\_\_\_\_\_  
Parent/Guardian/Eligible Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

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Administrative Regulation 1062.4, Appendix A  
Parent and Student Verification of Receipt of Information Concerning Concussions  
Direction to School: **Maintain signed copy on file.**

# ASAA Parent's Guide to Concussions In Sports (rev 5/20/12)

## What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. The injury occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a direct or indirect force. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion. In fact only 3-10% of concussions do produce loss of consciousness.

## Concussion Facts

- It is estimated that over 250,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System, 2010-2011). The CDC estimates 5.5 million sports concussions occur annually in the United States (CDC, 2011)
- Concussions occur most frequently in hockey and football, but girls' soccer, boys' soccer, and girls' basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to many months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports when still having symptoms from a concussion as they are at risk for prolonging symptoms and at risk for sustaining additional, more serious, brain injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to recognize.

## What are the signs and symptoms of a concussion?

### SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES

Appears dazed or stunned

Is confused about what to do

Forgets plays

Is unsure of game, score, or opponent

Moves clumsily

Answers questions slowly

### SYMPTOMS REPORTED BY ATHLETE

Headache

Nausea

Balance problems or dizziness

Double or fuzzy vision

Sensitivity to light or noise

Feeling sluggish

Some athletes complete one step each day. An individual athlete may be guided through the Protocol more slowly if they are at risk for prolonged concussion or additional brain injury. If symptoms recur during exercise, then exercise is ended and begins the next day at the preceding day's level.

## **Concussion Return to Play Protocol (ASAA, 2/18/2012)**

- **Symptomatic Stage:**
  - Physical and Cognitive Rest.
  - Then Incremental Cognitive Work, without Provoking Symptoms.
  - **If no symptoms, then:**
- **Day 1:**
  - Begin when symptom free for 24 hours.
  - 15 min **light aerobic** activity (walk, swim, stationary bike, no resistance training).
  - **If no symptoms, then:**
- **Day 2:**
  - 30 min **light-mod aerobic** activity (jog, more intense walk, swim, stationary bike, no resistance training).
  - **Start PE Class** at previous day's activity level.
  - As RTP Protocol activity level increases, PE activity level remains one day behind.
  - **If no symptoms, then:**
- **Day 3:**
  - 30 min **mod-heavy aerobic** activity (run, swim, cycle, skate, Nordic ski, no resistance training).
  - **If no symptoms, then:**
- **Day 4:**
  - 30 min **heavy aerobic** (hard run, swim, cycle, skate, Nordic ski).
  - 15 min **Resistance Training** (push-up, sit-up, weightlifting)

symptoms subside. The student can attempt to advance cognitive work again on the day following resolution of the increased symptoms.

### **What can I do?**

- Learn to recognize the “Signs and Symptoms” of concussion as listed above.
- Emphasize to administrators, coaches, and other parents your concerns and expectations about concussion and safe play.
- Teach your athlete to tell the coaching staff if the athlete suspects that they or a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year or over the summer to appropriate school staff. This will help in monitoring and protecting injured athletes as they move to the next season's sports.

### **Why is it so important that an athlete not return to play until they have completely recovered from a concussion?**

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. The risk of such difficulties is diminished if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return-to-sport or other physical activity when symptoms of concussion are present.

### **Is a “CAT scan” or MRI needed to diagnose a concussion?**

Diagnostic imaging tests, which include CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), the tests are typically normal, even in athletes who have sustained a severe concussion. A concussion is diagnosed based upon the athlete's story of the injury and a physical examination.

### **What is the best treatment to help my child recover more quickly from a concussion?**

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms

internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Completing the Return to Play Protocol and medical examination does not mean that the brain has fully recovered from concussion or that there is not risk in returning to competition. But it is the safest way that physicians know at this time. Participation in athletics is accompanied by risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at increased risk for another head injury. Once the athlete is medically eligible to return to competition, the parent and athlete will be asked to sign a consent, accepting the risk in returning to play.

Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports," from materials by the OSAA's Medical Aspects of Sports Committee and from materials prepared by the NFHS Sports Medicine Advisory Committee. Please go to [www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm) or [www.nfhs.org](http://www.nfhs.org) for more information.

If you have any further questions regarding the policies and procedures for managing concussions in Alaska student athletes or want to know how to find a concussion specialist in Alaska, please visit the Alaska School Activities Association website, [asaa.org](http://asaa.org), and your school district website.



**Student and Parent / Guardian**

# Activity Consent & Emergency Medical Info. Form

for ASAA or Approved Interscholastic or Extracurricular Activities

Name of Activity \_\_\_\_\_

Student Name \_\_\_\_\_

**Parent/ Guardian Permission to Participate:**

I hereby give permission for the above-named student to engage in ASAA or Fairbanks North Star Borough School District approved interscholastic activities as a representative of his/her school. I also give my consent for this student to accompany the team or group as a member on its out-of-town trips

**Parent/ Guardian Medical Consent:**

I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, qualified athletic trainer, other qualified medical professional, or hospital in the event of an injury or illness. I hereby accept financial responsibility of the above student in the event of injury or illness. I hereby waive on behalf of myself and the above student any liability of the Fairbanks North Star Borough School District and its offices, agents, or employees for injuries sustained in the interscholastic program.

**Parent/ Guardian and Student Rule Awareness verification:**

I hereby consent to abiding by the ASAA rules and regulations including the ASAA Code of Conduct, the Fairbanks North Star Borough School District regulations including those in the Student

Activities Handbook, and the coach and school rules and regulations. The coach may add specific rules and regulations for his/her sport/activity. These rules and regulations may be presented verbally or in written form. I understand that the student will not be permitted to participate until both the parent and the student have provided any required *Verification of Receipt of Information Concerning Concussion*.

**Parent/ Guardian and Student Risk Awareness Verification:**

I understand and acknowledge that organized secondary athletics involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

**Hazing Awareness Pledge:**

I promise not to be involved in any hazing/ harassment incident, no matter how minor it may seem. I understand that I may be suspended or expelled from the team and/or school for any incident as a result of my participation or being an idle witness.

**EMERGENCY MEDICAL AND CONSENT INFORMATION (PLEASE PRINT CLEARLY)**

Student Name		Parent/ Guardian Name for above-listed student	
Mailing Address		Residence Address	
Parent/ Guardian Phone #s	Home Phone	Work Phone	Cell Phone
Emergency Contact if parent/ guardian is not available:	Name of Contact		Phone
Name of Student's Medical Doctor			Phone
Name of Student's Dentist			Phone
Name of Insurance Co.		Policy Number	
Any Medical Conditions?			
Any Medications?			
Any Allergies?			
<p><b>In case of any medical emergency, I authorize a school district employee or agent to take my son/ daughter to the nearest medical facility for necessary treatment. We, the undersigned, acknowledge that we have read and understand all aspects of this form, including all the above parts and grant permission and consent as required. I hereby authorize release of the above student's required physical examination record to the school in which the student is enrolled. This confidential information may be shared with the coach, activities coordinator, athletic trainer or other health care professional who provides services to the student pursuant to above medical consent. I verify that the information provided is true and complete.</b></p>			

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Fairbanks North Star Borough School District  
**SPORTS PHYSICAL FORM**

**PART A: To Be Filled Out by the Athlete**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Parents: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Position(s): \_\_\_\_\_ Coach (es): \_\_\_\_\_

Please check if you have had any problems in the following areas:

<input type="checkbox"/> Concussion, "Knocked Out"	<input type="checkbox"/> Neck Injury	<input type="checkbox"/> Back Injury, Pain
<input type="checkbox"/> Shoulder Injury	<input type="checkbox"/> Arm, Elbow, Hand Injury	<input type="checkbox"/> Knee Injury, Popping
<input type="checkbox"/> Groin, Thigh, Leg Injury	<input type="checkbox"/> Ankle, Foot Injury	<input type="checkbox"/> Swelling, Pain, Locking or giving way

Yes	No	
_____	_____	Have any members of your family under the age of 40 had a "heart attack" or sudden death?
_____	_____	Have you ever had chest pain while exercising or passed out?
_____	_____	Do you have coughing, wheezing, or severe shortness of breath with exercise?
_____	_____	Are you taking any medication?
_____	_____	Do you have any allergies?
_____	_____	Have you had ear problems or difficulty hearing?
_____	_____	Do you wear glasses or contact lenses?
_____	_____	Have you ever had any discomfort in your groin (hernia)?
_____	_____	Have you ever had any illness or injuries that required hospitalization, surgery, or repeated visits to the doctor?

**PART B: To be Filled Out by the Physician**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
 Eye: R 20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Ears \_\_\_\_\_ Skin: \_\_\_\_\_ Lungs: \_\_\_\_\_  
 Heart \_\_\_\_\_ Abdomen \_\_\_\_\_ Neurologic: \_\_\_\_\_ Urinalysis (if indicated) \_\_\_\_\_

MEDICAL FINDINGS

RECOMMENDATIONS

\_\_\_\_\_ Follow up with athlete's physician  
 \_\_\_\_\_ Other

MUSCULOSKELETAL

RECOMMENDATIONS

_____ Neck Weakness _____ Shoulder Weakness _____ Shoulder Injury _____ Scoliosis _____ Tight Hamstring _____ Tight Groin Muscle _____ Worn Knee Cap _____ Knee Injury; ligament, cartilage _____ Tight Achilles Tendon _____ Weak Ankles	_____ Strengthening Exercises, Neck _____ Neck Roll (equipment) _____ Strengthening Exercises, Shoulder _____ Hamstring Stretching _____ Groin Stretching _____ Quadriceps Strengthening _____ Knee Brace _____ Achilles Stretches _____ Strengthening Exercises, Ankles _____ Tape or Wrap Ankles _____ Referral to Orthopedist _____ Referral to Athletic Trainer _____ Other
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I certify on this date I have examined and find him/her physically able to compete in supervised activities with restrictions as noted:

Restrictions: \_\_\_\_\_

PHYSICIAN'S SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_  
 PHYSICIAN'S NAME (Please print) \_\_\_\_\_