

Cecil County Public Schools

Middle School Interscholastic Athletic Program

(Grades 6-8)



SOCCER



BASKETBALL



TRACK

Guidelines Packet for Students & Parents



2018-19

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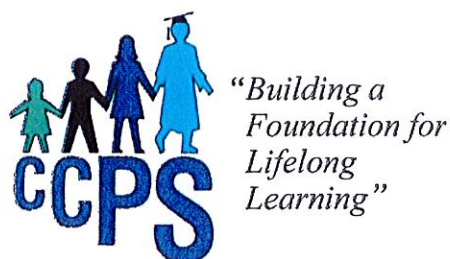
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PARENT INFORMATION SECTION

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Please keep this information for your reference.

This packet is used for ALL sports during the 2018-19 school year.



CECIL COUNTY PUBLIC SCHOOLS MIDDLE SCHOOL INTERSCHOLASTIC ATHLETIC PROGRAM

PARTICIPATION INFORMATION

TO THE PARENT OR GUARDIAN:

The CCPS Middle School Interscholastic Program is an extension of the physical education and intramural programs for students in grades 6 through 8. The athletics program offers a higher level of competition. Its primary purpose is to provide the opportunity for advanced skill development for all students with interests and/or talents in athletics.

It is the goal of the Cecil County Public Schools Middle School Interscholastic Athletic Program to provide a safe and supportive environment for all students. We believe athletes need to develop skills that will teach good sportsmanship, self-discipline, and relationship skills. Toward that end, coaches, students, and parents should be aware of school, county, and state policies and procedures that support these goals. Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. The supervision of practices, games and travel will be provided by CCPS and the school.

General Guidelines for Participation

The following provides information specifically about Middle School Athletics and what is needed to participate.

Forms

The following forms are found at the end of this Middle School Interscholastic Athletics Guidelines Packet.

1. **Medical History Form**

This medical history section must be completed and signed by the parent before a physical is completed. This form also provides consent for your child to participate in the Middle School Interscholastic Athletic Program.

2. **Athletic Physical Examination Form**

This form is to be completed by your physician. Students must have a physical examination by qualified medical personnel submitted on the CCPS Athletic Physical Form that is **dated after June 1, 2018**. This physical exam will be valid from June 2, 2018 to the end of the school year. Free physicals are offered every JUNE at Elkton High School. The date for June 2019 will be listed on the CCPS Athletic Website.

EXCEPTION FOR 2018-19 SCHOOL YEAR (Beginning of new program)

Normally, the physical must be dated after June 1, 2018 to participate. For this start-up year, we are allowing an exception to that JUNE 2018 rule. For the first year of Middle School Athletics, a physical completed by medical personnel and dated **after October 31, 2017** will be accepted to participate in soccer for the **FALL SEASON**. (That is **October 31 of 2017 – last year.**)

A physical completed by medical personnel and dated **after February 28, 2018** will be accepted to participate in basketball for the **WINTER SEASON**.

A physical completed by medical personnel and dated **after May 31, 2018** will be accepted to participate in track for the **SPRING SEASON**.

3. Signature Form Sheet

This form must be signed by the parent confirming they have received and read the mandatory information about Concussion Awareness, Sudden Cardiac Arrest, and any other school-related sportsmanship expectations.

4. Insurance Verification Form

Proof of medical insurance covering the sport in which the student wishes to participate must be provided. This is provided on the Signature Form Sheet.

Eligibility Requirements and Cecil County Public School Policies

(The complete requirements can be found in the Middle School Interscholastic Athletics Rules Handbook.)

The Cecil County Middle School Interscholastic Athletic Program is an integral part of the educational process. The athletic program eligibility rules, required for all students who wish to participate, support the academic function of the Cecil County Public Schools by encouraging all students to reach their academic as well as athletic potential.

Academic Eligibility: (2018-19)

All students must comply with the CCPS Board of Education Policies and Regulations, as well as school, athletic, and team rules at each school.

At the beginning of the 2018-19 school year, all students who are entering grades six through eight shall be eligible for participation regardless of the grades received at the end of the previous school year.

Winter eligibility will be determined by the grades issued the end of the first marking period.

Spring eligibility will be determined by the grades issued the end of the second marking period. Continued eligibility will be determined by the third marking period grades.

For the **2019-2020 school year**, all grade six students are eligible to participate in fall sports regardless of previous year's grades. Eligibility for grades seven and eight participation will be determined by the previous year's fourth marking period grades.

Alcohol and Controlled Dangerous Substances:

Student-athletes are not to use tobacco, alcohol, or other drugs at any time. Any substantiated use/report of alcohol, tobacco, or drugs in school or out of school will be handled in accordance with county policy.

Uniforms and Equipment:

The athlete and the parent/guardian are financially responsible for any and all athletic equipment issued to the participant if not returned to the school in good condition.

STUDENT ACCIDENT INSURANCE FOR PURCHASE

All students who participate in Intramural Athletics must have insurance coverage in effect on the first day of practice in order to participate in Intramural Athletics either through a family plan or the school sponsored plan. To avoid any possible confusion over insurance coverage, please be advised that the Board of Education of Cecil County does not provide accident or health insurance to students enrolled in our school system. Parents are responsible for seeing that their children are insured for adequate and necessary coverage. If your student does not have health insurance, reasonably priced policies may be purchased through an independent carrier provided by the school system.

The Board of Education does sponsor a program for the purchase of student accident insurance. The program is administered by K & K Insurance. The plan offers two levels of coverage and both include dental.

Below is a list of the current rates (18-19) for Intramural Insurance. These rates are regulated by and subject to change by K&K Insurance Company. All questions regarding coverage should be directed to the insurance company representative, Cheryl Norris, at 800-637-4757. The website address is: <http://www.kandkinsurance.com/sites/K12Voluntary/Pages/Home.aspx>.

24 Hour Coverage:

Provides coverage for injuries sustained all year long; 24-hours a day until one year after the date the school year begins. High school football is NOT included in this option.

Levels of Coverage	Low Options Rate	High Options Rate
24 Hour All Year	\$ 82.00	\$ 122.00
24 Hour Summer Only	\$ 27.00	\$ 38.00

At School Coverage:

Provides coverage for injuries sustained at school or during sponsored activities until the end of the regular school term. High school football is NOT included in this option.

Levels of Coverage	Low Options Rate	High Options Rate
At School Coverage	\$ 25.00	\$ 34.00

FOOTBALL ONLY:

Provides coverage for injuries sustained while practicing or participating in Junior Varsity and Varsity Football. Football insurance must be purchased through the school plan if coverage is not provided through a family plan. This plan only covers the student for football. The coverage is not intended to replace other insurance. It should be considered as a supplement to other health and accident insurance coverage.

Football Levels Coverage	Premium	Student Cost	CCPS Contribution
Low Option Rate	\$ 134.00	\$ 67.00	\$ 67.00
High Option Rate	\$ 205.00	\$102.50	\$102.50

The Board of Education does not administer the program. If you wish to purchase the insurance for FOOTBALL, you must fill out the paper copy and take it to your child's school along with a check for half the amount of \$99.50 (rate for 18-19 may change) made out to K & K Insurance.



Office of Athletics

**Athlete/Parent/Guardian Sudden Cardiac Arrest
Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt**

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

Warning Signs of SCA

- SCA strikes immediately
- SCA should be suspected in any athlete who has collapsed and is unresponsive
- No response to tapping on shoulders
- Does nothing when asked if he/she is OK
- No pulse

Emergency Response to SCA

- Act immediately; time is most critical to increase survival rates
- Recognize SCA
- Call 911 immediately and activate EMS
- Administer CPR
- Use Automatic External Defibrillator (AED)

Warning signs of potential heart issues: The following need to be further evaluated by your primary care provider.

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

The act is intended to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.

Removal from play/return to play

A youth athlete who has been removed from play may not return to play until the youth athlete has obtained written clearance from a licensed health care provider.

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

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 are the signs and symptoms?

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 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.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • 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 (<i>even briefly</i>) • Shows mood, behavior, or personality changes • Can't recall events <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • 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"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens 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.

What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

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/Concussion.

- OVER -

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



HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

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

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

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 right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

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

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

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/Concussion.

- OVER -

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



June 2010

SPORTSMANSHIP, ETHICS AND INTEGRITY IN MIDDLE SCHOOL INTERSCHOLASTIC ACTIVITIES

Expectations of COACHES, DIRECTORS AND SPONSORS

- Always set a good example for participants and fans to follow, exemplifying the highest moral and ethical behavior.
- Instruct participants in proper sportsmanship responsibilities and demand that they make sportsmanship and ethics the No. 1 priority.
- Respect judgment of contest officials, abide by rules of the event, and display no behavior that could incite fans.
- Treat opposing coaches, directors, participants, and fans with respect. Shake hands with officials and opposing coach in public.
- Develop and enforce penalties for participants who do not abide by sportsmanship standards.

Expectations of STUDENT PARTICIPANTS

- Live up to high standard of sportsmanship established by coach or director.
- Treat teammates with respect.
- Treat opponents with respect by shaking hands prior to and after contests.
- Respect judgment of contest officials, abide by rules of the contest, and display no behavior that could incite fans.
- Cooperate with officials, coaches or directors, and fellow participants to conduct a fair contest.
- Accept seriously the responsibility and privilege of representing school and community; display positive public action at all times.

Expectations of PARENTS, STUDENTS and OTHER FANS or AUDIENCE MEMBERS

- Be an exemplary role model by positively supporting teams in every manner possible, including content of cheers.
- Respect fans, coaches, directors, and participants. BE A FAN ... NOT A FANATIC.
- Encourage surrounding people to display only sportsmanlike conduct.
- Respect decisions made by contest officials.
- Realize that a ticket is a privilege to observe a contest and support high school activities.

UNACCEPTABLE BEHAVIOR

- Targeting of individual opposing players, coaches, fans, or officials
- Negative and derogatory chants, yelling, songs and/or gestures.
- Communication and interaction between spectators and event participants
- Signs, unless approved by school administration for special events
- Noisemakers are prohibited for all indoor events
- Noisemakers for outdoor events must be approved by school administration
- Charging the court upon completion of the event

Failure to comply with the above expectations may be required to meet with an administrator.

Finish First with Sportsmanship

**CECIL COUNTY PUBLIC SCHOOLS
MIDDLE SCHOOL
INTERSCHOLASTIC ATHLETIC PROGRAM**

This packet is used for ALL sports during the school year.

Name (Last): _____	(First): _____
Grade: _____	School: _____

<u>Packet Contents:</u>	<u>Page #</u>
Medical History Form -----	9
(To be completed by parent BEFORE physical and given to physician.)	
Athletic Physical Examination Form (to be completed by physician) -----	10
(Parents must sign this form after the doctor completes the physical exam.)	
Signature Form Sheets-----	11-12


Separate Item:

Emergency Card (inserted in package or handed to you for completion by parent) -- Insert

Please return this next section of forms to the coach after completion.

Be sure you have **SIGNED** next to any place in the booklet that has this symbol. Parent's signature must be on **ALL** forms prior to participation.

If you have any questions, please contact your child's school.



**RETURN THIS SECTION
TO YOUR SCHOOL**

Cecil County Public Schools Middle School Interscholastic Athletics MEDICAL HISTORY FORM (PARENT'S SECTION) (Grades 6-8)

Student's Name: _____ Sex: M/F Age: _____ DOB: _____

Grade: _____ School: _____ Phone: _____

Address: _____

Child's Physician: _____ Phone: _____

DIRECTIONS: Please check box for "Yes" or "No" and explain "Yes" answers in the space below.


	YE	NO		YE	NO																					
1. Have you ever had a medical illness or injury since your last check up or sports physical?	S		20. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	S	O																					
2. Are you currently taking a prescription or non-prescription (over-the counter) medications?			21. Do you cough, wheeze, or have trouble breathing during or after activity?																							
3. Have you ever been hospitalized overnight?			22. Do you have asthma?																							
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?			23. Do you have seasonal allergies that require medical treatment?																							
5. Have you ever passed out or been dizzy during or after exercise?			24. Do you have diabetes? Use insulin?																							
6. Have you ever had chest pain during or after exercise?			25. Do you lose weight regularly to meet weight requirements for your sport?																							
7. Have you ever become ill from exercising in the heat?			26. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?																							
8. Have you ever had racing of your heart or skipped heartbeats?																										
9. Have you had high blood pressure or high cholesterol?			27. Have you ever had any problems with your eyes or vision? Wear glasses or contacts?																							
10. Have you ever been knocked out, become unconscious, or lost your memory?			28. Have you ever been told you have a heart murmur?																							
11. Has any family member or relative died of heart problems or of sudden death before age 50?			29. Have you ever had a sprain, strain, or swelling after injury?																							
12. Have you had a severe viral infection (for example: myocarditis or mononucleosis) within the last month?			30. Have you broken or fractured any bones or dislocated any joints?																							
13. Has a physician ever denied or restricted your participation in sports for any heart problems?			31. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If "Yes", circle appropriate area and explain below:																							
14. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?				<table style="margin: auto; border: none;"> <tr> <td>Head</td> <td>Elbow</td> <td>Hip</td> <td>Neck</td> <td>Foot</td> </tr> <tr> <td>Forearm</td> <td>Thigh</td> <td>Back</td> <td>Wrist</td> <td>Knee</td> </tr> <tr> <td>Chest</td> <td>Hand</td> <td>Shin/Calf</td> <td>Upper Arm</td> <td></td> </tr> <tr> <td>Shoulder</td> <td>Finger</td> <td>Ankle</td> <td></td> <td></td> </tr> </table>	Head	Elbow	Hip	Neck	Foot	Forearm	Thigh	Back	Wrist	Knee	Chest	Hand	Shin/Calf	Upper Arm		Shoulder	Finger	Ankle				
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Chest	Hand	Shin/Calf	Upper Arm																							
Shoulder	Finger	Ankle																								
15. Have you ever had a head injury or concussion?																										
16. Have you ever had a stinger, burner, or pinched nerve?																										
17. Have you ever had a seizure?			32. Do you have any communicable diseases?																							
18. Do you have frequent or severe headaches?			33. Do you have Marfan's Syndrome?																							
19. Do you have sickle cell trait?			34. Are you easily fatigued?																							

Explain "Yes" answers on an additional sheet.

By signing below, I understand and agree that student athletes are not to use tobacco, alcohol, or other drugs at any time. Any substantiated reported use of alcohol, tobacco, or other drugs in school will be handled in accordance to county policy.

I also hereby state that to the best of my knowledge, my answers to the above questions are complete and correct. I give my consent for the above named student to engage in interscholastic sports activities as a representative of their school except those activities crossed out by the examining physician on the reverse side of this form.

Read above paragraph before signing consent form. SIGN PRIOR TO OBTAINING PHYSICAL



Signature of Student Athlete _____

Date Signed: _____ Signature of Parent/Guardian _____

Cecil County Public Schools ATHLETIC PHYSICAL EXAMINATION FORM

BLOOD PRESSURE	_____
-------------------	-------

Patient's Name: _____ DOB: _____ Height: _____ Weight: _____

Vision: R 20/ _____ L 20/ _____ Corrected? Yes No Pupils:
 Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/ Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Beighton-Horan Laxity Screen Score: _____ (Out of 9)

CLEARANCE: I have on this date, personally examined this pupil, reviewed the history and other data recorded on both sides of this form. I find this student physically able to compete in the intramural sports listed below which are NOT crossed out.

Basketball Soccer Track & Field

NOT Cleared Reason/ Recommendations: _____

Name of physician and Office (print/type): _____

Address: _____ Office Phone: _____

Signature of Attending Physician: _____ Date Signed: _____

TO BE SIGNED BY PARENT AFTER THE PHYSICAL IS COMPLETED.

I HAVE ON THIS DATE REVIEWED THE INFORMATION RECORDED ON BOTH SIDES OF THIS FORM.



Date Signed: _____ Signature of Parent/Guardian: _____

SIGNATURE FORM SHEETS (Part 1)

INSURANCE VERIFICATION FORM

My signature below confirms and verifies that my son/daughter is covered by either private health insurance or school-purchased health insurance.

Insurance Company: _____ Policy Number: _____

If you have purchased School Student Insurance, please send verification of insurance and enter the policy number below.

K& K Insurance Policy Information: _____

Further, in the event of an accidental injury sustained by my daughter/son while in the Middle School Interscholastic Athletic Program, I/we shall save harmless the Board of Education, the school and its staff from any liability. **Also, I/we will inform the school in writing if my/our insurance is changed or terminated.**

Parent/Guardian Signature: _____

Date Signed: _____



SIGNATURE FORM SHEETS (Part 2)

MY SIGNATURE BELOW VERIFIES THAT:

I _____ the parent/guardian of _____
(Enter the Parent/Guardian Name Printed) (Enter the Name of Student-Athlete Printed)

Acknowledge that I have received information on all of the following for concussions:

- the definition of a concussion
- the signs and symptoms of a concussion to observe for or that may be reported by my athlete
- how to help my athlete prevent a concussion
- what to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and/or report symptoms to the school nurse

Acknowledge that I have received information on all of the following for Sudden Cardiac Arrest:

- description
- warning signs
- removal/return-to-play

I GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE. I have read all of the statements in this packet and have received the **Student and Parent Concussion Information Sheets**, the **Sudden Cardiac Arrest Parent Information Sheet**, and any **school-related expectations**. I hereby give my written consent.

Student Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

