



CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:	Address:	
Grade:	Telephone:	
School:	School Year:	DOB:

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance/marching band, but excluding PE courses for credit), the student and his/her parent/guardian must review and execute this Concussion and Head Injury Information Sheet (“HIIS”). The HIIS is good for one academic year (Fall - Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician’s assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement. In addition, if the medical care provider determines the Student suffered a concussion **or** a head injury, the Student shall complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek an evaluation by a licensed health care provider even if the student does not immediately describe or show symptoms of a concussion (headache, pressure in the head, neck pain, nausea/vomiting, dizziness, blurred vision, sensitivity to light/sound, feeling “slow”/“foggy,” difficulty with balance, concentration, memory, confusion, drowsiness, irritability, emotionality, anxiety, nervousness, or falling asleep). A student with any of these symptoms should be taken immediately to a health care facility. If a parent/guardian is not immediately available to make health care decisions, the District reserves the right to take the student to an emergency/urgent care provider for evaluation or treatment in keeping with the medical care authorization contained in the Agreement for Team Participation

Dated: _____ Dated: _____

Student _____ Adult _____

Signature _____ Signature _____