Richland School District One Sports Health Form

EMERGENCY CONTACT INFORMATION

(Please Print)

Athlete's Name _____ School

Sex _____ Age_____ Date of Birth _____ Grade _____ School Year ____ Mailing Address

City _____ Zip _____

Mother's Name _____ Phone # _____ Cell/Business # _____ Email _____

Father's Name _____ Phone # _____ Cell/Business # _____ Email _____

In an EMERGENCY, if parents cannot be contacted notify:

Name _____Phone # _____Cell/Business #: _____ Relationship _____

Family Doctor _____ Phone # _____ Family Dentist _____ Phone # _____

Preferred Hospital _____

HEALTH INSURANCE INFORMATION

*Do you have health insurance? Y / N Do you have Medicaid? Y / N Medicaid Number_____

Name of Company _____Mailing Address _ Insured's Name

Policy # _____

***Richland School District One School Board Policy JLA – Student Insurance Coverage requires that all students participating in athletics and/or auxiliary sports-support related activities purchase accident insurance provided through the school district. Richland School District 1 carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to pay secondarily to the athlete's primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing Richland One, the athlete should seek the attention of the sports medicine staff as soon as possible. The athletic trainer (high school) or school official (middle school) will fill out the top portion of the insurance claim form (aka Notification of Injury Form). The parent/guardian should complete the claim form, follow the attached directions, and mail the completed form to the insurance company.** **Please note the claim must be filed within 90 days of injury.**

I understand this information and will notify the head athletic trainer prior to the doctor's appointment if I require a claim form for an injury that meets the above requirements.

Parent's Signature _____ ***Date*** _____

CONSENT FOR MEDICAL TREATMENT/RELEASE OF INFORMATION

I/We give consent for certified athletic trainers, coaches, and physicians to use their own judgment in securing medical aid and ambulance service in the case the parents/guardians cannot be reached. In the event of an accident requiring immediate medical attention, I herby grant permission to physicians, certified athletic trainers, and/or appropriate healthcare professionals to attend to my son/daughter. It is understood that the school cannot be held responsible for any medical bills incurred because of illness or injury. Furthermore, I/We give permission for our son/ daughter to be evaluated and treated by the school's certified athletic training staff and/or team physicians if he/she becomes injured while participating as an athlete in Richland One during the school year. I/We also authorize the school's sports medicine staff to be given medical information concerning my son/daughter by a physician or their staff. Likewise, the school's sports medicine staff may release medical information to physician's offices, coaching staff, nurses, administrators and faculty within Richland One as they see appropriate. I also commit to reporting ALL injuries to the Sports Medicine Staff, including but not limited to any symptoms related to a concussion. I also understand that the sports medicine staff will follow a return to play protocol for all injuries.

CONSENT TO PARTICIPATE IN ATHLETICS AND RISK WAIVER

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular healthcare. I grant permission to nurses, certified athletic trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child

comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means.

Student's Signature _____ *Date*
Parent's Signature *Date*
A photocopy of this document shall serve as good as original.

RICHLAND SCHOOL DISTRICT ONE

Student-Athlete & Parent/Legal Guardian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask a school staff member to explain it to you.*
**This form must be completed for each student –athlete, even if there are multiple student-athletes in each household.*

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

□ We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet.*
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), athletic trainer, or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, athletic trainer, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, athletic trainer or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a physician to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance for return to play from this injury on the day they are injured.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I understand that I will have to complete a graduated return to play and have written permission from a physician before I will be able to return to my sport per the school's concussion management policy.	
	I have read and received the concussion symptoms on the Concussion Information Sheet.	

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Legal Guardian Date

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL'S ATHLETIC DEPARTMENT

RICHLAND SCHOOL DISTRICT ONE

CONCUSSION INFORMATION SHEET
FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

SC Bill H3601: South Carolina State Law requires all SCHSL athletes and their parents/legal guardians to be given an information sheet on concussions which informs of the nature and risk of concussion and brain injury and the risks of returning to play after sustaining a head injury. This document serves as an informational sheet to be kept by the parents or guardians for future referral.

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This sheet is for your records and personal use, please retain.