



February 10, 2026

Dear Parent/Guardian:

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

Before a student can participate in athletics, parents/guardians must provide proof of private insurance, Medicaid coverage, or may purchase a voluntary coverage plan through the school board. The voluntary coverage plans are developed specifically for CPSB and offer sufficient coverage so that a student 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/secondary 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 through the school board.

If you have any questions, feel free to contact the Risk Management Department at 337-217-4240. Thank you for your support and participation in CPSB athletics!

Respectfully,

Jay Bergeron  
Risk Manager  
Calcasieu Parish School Board

*Building Foundations for the Future*

## CPSB Student Accident Insurance for School and Sports

\*\*If your child is currently does not have health insurance and wants to participate in summer athletic programs, you will need to purchase the 2025-2026 Student Accident Policy. Please note that this policy will expire on 7/31/26. Therefore, you will be required to purchase the 2026-2027 Student Accident Policy by 8/1/26 for your child to continue to participate in CPSB Athletics.

\*\*Please contact Risk Management at 217-4240 Ext. 3004 for the insurance enrollment forms.

\*\*Incoming freshmen: If a voluntary student accident policy was purchased in middle school, that coverage is valid through 7/31/26. However, for FRESHMAN FOOTBALL – the voluntary policy that was purchased to participate in middle school sports **DOES NOT cover FRESHMAN football**. Once football practice begins in the spring, you will be required to purchase the 2025-2026 High School Spring Only policy (expires 7/31/26) and then purchase the 2026-2027 High School Football Full-Year policy by 8/1/2026 (expires 7/31/27).

### Minimum policy required if student is NOT covered by private insurance or Medicaid

Sport	School Time Low Option	Full Year High School Football Low Option	Spring/Summer High School Football Low Option
All Middle School 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 Low Option Plan must also be purchased

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

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

1. If you are purchasing this policy for primary coverage as required for participation in student athletics:

- a. Turn in the completed enrollment form with payment (check or money order **only**) 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 Insurance Group
- c. Risk Management will verify coverage with K&K once your enrollment form and payment are processed
- d. Risk Management will notify the parent once the student is eligible to participate in student athletics

2. If you are purchasing this policy for secondary coverage please mail directly 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



**Extra-Curricular**  
**Participant Packet**

REQUIRED FORMS	HIGH SCHOOL SPORTS	MIDDLE SCHOOL SPORTS	HIGH SCHOOL CHEER	MIDDLE SCHOOL CHEER	ALL DANCE	ALL BAND	E-SPORTS
<b>A - Medical History Evaluation (Part I)</b>	X	X	X	X	X	X	X
<b>A - Medical Examination (Part II)</b>	X	N/A	X	N/A	N/A	N/A	N/A
B - LHSAA Participation/Parental Permission	X	N/A	X	N/A	N/A	N/A	N/A
B1 - CPSB Participation/Parental Permission	X	X	X	X	X	X	X
C - LHSAA Substance Abuse/Misuse Contract	X	N/A	X	N/A	X	N/A	X
D - Assurance Form for SPED Student**	X	N/A	N/A	N/A	N/A	N/A	N/A
<b>E - Auth of Treatment/Waiver/Hold Harmless</b>	X	X	X	X	X	X	X
<b>F - Insurance Statement</b>	X	X	X	X	X	X	X
<b>G - Personal Information</b>	X	X	X	X	X	X	X
<b>H - Concussion Statement (Act 314)</b>	X	X	X	X	X	N/A	N/A
<b>I - Risk of Serious Injury (Act 352)</b>	X	X	X	X	X	X	X
<b>J- Student/Athletic Accident Insurance</b>	X	X	X	X	X	X	X
Items in <b>BOLD</b> must be completed each year							

*A copy of your child's birth certificate and **proof of insurance** will need to be provided along with this completed packet.*

# LHSAA MEDICAL HISTORY EVALUATION

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IMPORTANT: This form must be completed *annually*, kept on file with the school, and 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?

<b>Yes No Condition</b>	<b>Whom</b>	<b>Yes No Condition</b>	<b>Whom</b>
<input type="checkbox"/> <input type="checkbox"/> Heart Attack/Disease	_____	<input type="checkbox"/> <input type="checkbox"/> Sudden Death	_____
<input type="checkbox"/> <input type="checkbox"/> Stroke	_____	<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> <input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia	_____
		<input type="checkbox"/> <input type="checkbox"/> Arthritis	_____
		<input type="checkbox"/> <input type="checkbox"/> Kidney Disease	_____
		<input type="checkbox"/> <input type="checkbox"/> Epilepsy	_____

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

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

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

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

1. 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**
2. 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**
3. 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**
4. 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) or the associated medical personnel. ....**Yes No**

\_\_\_\_\_  
Date Signed by Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Typed or Printed Name of Parent

Health Care Provider section on page 2





**ATHLETIC PARTICIPATION/PARENTAL PERMISSION FORM**

**Part I: Athlete Information-To be completed and signed by student athlete (Please Print)**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

I certify the preceding information is correct and accurate to the best of my knowledge,

\_\_\_\_\_  
Student Athlete (Signature) Date

**Part II: Parental Permission- To be completed and signed by parent/guardian of athlete**

I hereby give my consent and approval for the student athlete named on this form to participate in any of the following activities:

BASEBALL SWIMMING BASKETBALL TRACK & FIELD SOCCER VOLLEYBALL TENNIS

FOOTBALL SOFTBALL WRESTLING CHEER & DANCE GOLF BOWLING BAND

\_\_\_\_\_  
Parent/Guardian (Signature) Date

\_\_\_\_\_  
Parent/Guardian (Printed Name) Telephone Number

\*\*This contract shall remain in effect for the remainder of the student's eligibility. This means that the contract only has to be signed once by both the student and his/her parent or guardian, but the terms remain in effect for the student's entire high school career.



**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



## 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 by one of the three possible methods listed below:

\_\_\_\_\_ Private Insurance (Proof of coverage attached)

\_\_\_\_\_ I acknowledge that I can and will 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).

Parent or Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete (signature): \_\_\_\_\_ 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 (parent/legal guardian) of Athlete:**

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

**Medical Insurance Information:**

PRIMARY INSURANCE PROVIDER: \_\_\_\_\_  
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.***

Parent/Guardian 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 BINDERS.\*\***



**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 involve students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students' parents/guardians must assess the risks involved in such participation and make their choice to participate despite those risks. NO amount of instruction, precaution or supervision will completely eliminate all risk of injury. Participation in athletics is inherently dangerous.

By granting permission for your son/daughter to participate in athletic competition, a parent or guardian acknowledges that participating 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 a sport 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, the proper use of all associated sports equipment and other team rules, etc. both in competition and practice and agree to obey such instruction and proper use.

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.

I recognize that I have the responsibility to wear the required equipment, obey the rules of any sport, train and condition my body to the best of my ability, and to utilize the proper techniques when playing any sport. 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 responsibility to report any injuries to the athletic training staff immediately, and follow their recommendations for treatment and rehabilitation, as needed to safely return to full participation.

Finally, I understand that the NOCSAE seal on any sports 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian (Printed Name)

\_\_\_\_\_  
Student Athlete (Printed Name)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Student Athlete (Signature)



## **Student/Athletic Accident Insurance**

Dear Parent/Guardian,

As you are aware, health care costs can be very expensive. If a CPSB student is accidentally injured at school or participating in a school sponsored event, the cost for any medical treatment is the responsibility of the parent or guardian. Every student should have health insurance whether it is private insurance, employer sponsored, or a government program such as Medicaid. In an effort to ensure that our students are adequately protected in the event of an accident or injury, we are pleased to offer a voluntary student/athletic insurance plan to all CPSB students. This insurance is a secondary policy and is designed to help with the unpaid portion of a school accident claim such as deductible or out-of-pocket expenses that are left over after filing with your personal/primary insurance.

Any CPSB enrolled student who attends a CPSB school is eligible to purchase this voluntary accident coverage. There are two different plans that may be purchased:

### **School Time Accident Coverage**

If coverage is elected and appropriate premium is received, this accident insurance provides coverage while the student is at school and while attending or participating in school sponsored events on or off school premises. You can cover your child for as little as \$38 per school year.

#### *Includes:*

- Travel to and from school
- Summer activities
- Class trips

### **24 Hour Accident Coverage**

If coverage is elected and appropriate premium is received, this accident insurance provides 24 hour coverage. You can cover your child for as little as \$165.00 per year.

#### *Includes:*

- Weekends
- Vacation periods, including summer vacation
- Coverage at home or while away

Additional information and enrollment forms can be obtained by visiting [www.StudentInsurance-kk.com](http://www.StudentInsurance-kk.com)

If you have any questions or would like to purchase a policy for your child, please contact Risk Management at 337-217-4240 Ext.3004.

I, \_\_\_\_\_ acknowledge that I have been made aware of the Student/Athletic Accident Insurance offered by Calcasieu Parish School Board and understand that I do have the option to purchase a student/athletic accident insurance policy for my child.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

KEEP AT HOME

# ACT 314

## Louisiana Youth Concussion Act

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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](http://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 a 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 slowed
- 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.

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

For more detailed information on concussion and traumatic brain injury, visit:  
[www.cdc.gov/Injury](http://www.cdc.gov/Injury)

## 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](http://www.cdc.gov/ConcussionInYouthSports)

For more detailed information on concussion and traumatic brain injury, visit:  
[www.cdc.gov/Injury](http://www.cdc.gov/Injury)

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**Additional Resources:**

Brain 101 – The Concussion Playbook  
<http://brain101.org/brain101.cfm>

Concussion in Sports: What you need to know  
<http://www.nflslearn.com/electiveDetail.aspx?courseID=15050>

Heads Up Concussion in High School Sports  
[http://www.cdc.gov/concussion/headsup/high\\_school.html](http://www.cdc.gov/concussion/headsup/high_school.html)

NFHS Sports Medicine Handbook, 4<sup>th</sup> 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>

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