



COEUR D'ALENE CHARTER ACADEMY ATHLETICS PACKET 2026-2027

The information below explains the policies and procedures regarding participation in sports at Coeur d'Alene Charter Academy. **Please complete the following appropriate forms and return them to the school office prior to participation in a sport.** Coaches will hand out schedules and other information to the students at pre-season meetings. If you need additional information, please contact Stacey Peppin or Cristan Browne at (208) 676-1667.

ATHLETES WILL NOT BE ALLOWED TO TRYOUT OR PRACTICE UNTIL THIS PACKET IS COMPLETE AND PHYSICALS ARE PROCESSED AND CLEARED THROUGH THE OFFICE. ATHLETES WILL NOT BE ALLOWED TO COMPETE IN GAMES/MEETS UNTIL CONCUSSION TESTING IS COMPLETED AND ATHLETIC FEES ARE PAID.

SPORTS CHECKLIST:

- 2026-2027 Athletics Information
- Athletic Early Release Permission Form
- Idaho Health Examination and Consent Form
- Physical Examination Form
- Interim Questionnaire (*Only return if a current physical is already on file.*)
- Concussion Information Form (*Concussion testing will be conducted at Charter.*)
- Activity Fee paid (*Specific for each sport*)

NOTE: ONLY ONE ATHLETIC PACKET IS REQUIRED PER SCHOOL YEAR.

Please read the *Weekly Announcements* during the 2026-2027 school year for specific athletic start dates, tryout dates, and times. Please also check the event calendar at <https://cdacharter.org/view-full-calendar>



APPROXIMATE DATES

HIGH SCHOOL

Girls Soccer	August – October
Boys Soccer	August – October
Cross Country	August – October
Ski Club	December – February
Tennis	February – May
Track & Field	February – May
Archery Club	November - February
Skeet & Trap Club	September – May

MIDDLE SCHOOL

Girls Volleyball	September – October
Cross Country	September – October
Ski Club	December – February
Track & Field	April – May
Archery Club	November - February
Skeet & Trap Club	September – May

ATTENDANCE REQUIREMENT FOR STUDENT PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

Students who are absent from school one or more periods on the day of an extracurricular activity in which they are scheduled to take part, **will not be allowed to participate in that activity**. This includes games, practices, meetings, and/or rehearsals. Any extracurricular activity involving in-school time or out-of-school time requires attendance at school that day. Exceptions may be made by the activities director for verified medical appointments, unavoidable circumstances, or other prearranged cases.

SPORTS PHYSICAL OR INTERIM QUESTIONNAIRE?

Students are required to undergo a physical examination and have the Idaho Health Examination and Consent Form on file in the school office **prior to their first practice** for any Coeur d'Alene Charter Academy sponsored athletic activity. Physical exams must be conducted by a licensed physician, physician's assistant, or nurse practitioner.

An Interim Questionnaire must be completed and on file in the school office in any year a physical exam is not required.

- For any student in grades 6-8 to participate in sports, a physical exam (Idaho Health Examination and Consent Form) must be taken after May 1 of the 5th grade year and it will remain valid for the duration of middle school.
- For high school students, physicals are required in the 9th and 11th grade year. Students who have a physical their 10th grade year **MUST** have another for the 11th grade. Physical exams will only be valid if dated after May 1st of the 8th or 10th grade year.

ACADEMIC PROBATION AND EXTRACURRICULAR ELIGIBILITY

Extracurricular eligibility will be based on official Charter Academy quarter grade reports. In the case of dual enrollment, college semester grade reports will also be used to determine extracurricular eligibility. The minimum grade requirements for full eligibility are passing at least four classes, having no F's and no more than one D. Classes used to determine extracurricular eligibility include all Charter Academy classes, all dual enrollment classes, and all classes taken from non-traditional schools such as home schools or internet schools. Any class, regardless of duration, will be considered for eligibility purposes when the grade is reported on an official grade report.

Any student who receives one or more F's on a Charter Academy quarter grade report and/or a college semester grade report will be considered "below proficient," and will be ineligible for participation in extracurricular activities until the next Charter Academy quarter grade report indicates he/she is no longer failing any Charter Academy class. If the failing grade(s) are on a college fall semester grade report, the Charter Academy third quarter grade report will present the first opportunity for a dual enrolled student to regain eligibility. During the period of ineligibility students will not be allowed to participate in sports and/or other extracurricular activities. They may not practice, rehearse, meet, compete, perform, assist, or in any way participate in an extracurricular activity.

Any student who receives two or more D's on a Charter Academy quarter grade report and/or a college semester grade report will be considered "below proficient" and will be placed on academic probation. While a student is on academic probation, he/she may practice or rehearse, but may not participate in games or events. If the first Charter Academy school-wide progress report following a report card indicates a student on academic probation has raised his/her grades to meet the minimum grade requirements, he/she will be removed from academic probation and be allowed to participate in games or events.

A student who is ineligible because of one or more F's may earn probationary status by raising his or her grades to passing on the first Charter Academy school-wide progress report following a report card. This student will be allowed to practice or rehearse, but may not participate in games or events, until and unless his or her grades are passing (with

no F's and no more than one D) at the next quarter grade report. Under no circumstances may an ineligible student gain full eligibility prior to the quarter grade report.

Each coach will determine whether he or she will accept students who regain probationary status midseason, but must apply the rule to all students equitably.

If a student does not sufficiently raise his/her grades during these time periods, he/she will become ineligible for any participation in extracurricular activities until the Charter Academy quarter grade report indicates the grades are at or above the minimum grade requirements. In lieu of Charter Academy grade reports and school-wide progress reports, the school administration will provide an alternative method of determining extracurricular eligibility for non-traditional students who are on academic probation. A non-traditional student is defined as a student who is not enrolled full time in Charter Academy and/or college dual enrolled courses.

For purposes of determining extracurricular eligibility, grades earned on fourth quarter Charter Academy grade reports and/or college spring semester grade reports will carry over to the Charter Academy first quarter of the following school year. Grades earned during summer semester will be included in first quarter eligibility determination; grades earned in summer semester will replace spring semester grades earned in exact same courses for purposes of determination. In no other circumstance may eligibility be regained during the summer. All ninth graders are eligible to participate in first-quarter activities, with the exception of students who are repeating ninth-grade classes.

If a student who is ineligible to participate withdraws from the Academy for any reason and returns after any length of time, that student shall be ineligible to participate until an Academy quarter grade report indicates grades are at or above minimum grade requirements. Eligibility for students who transfer to the Academy will be determined by their most recent grade report from their previous school, using the Academy's eligibility rules.

Sixth grade students new to the Charter Academy are eligible to participate in all extracurricular activities during their first quarter.

Eligibility status will be determined at the established deadline for grades to be submitted to the registrar for progress reports and grade reports.

In accordance with IHSAA 8-16-1, home school students and students who do not attend accredited schools shall demonstrate composite grade-level academic proficiency on any state board of education recognized achievement test or any nationally-normed test. It shall be the responsibility of the student to make all arrangements to take the required test and provide the principal of the Academy with the results of the test prior to being granted eligibility for activities.

Also, at any time, regardless of probationary status, students may not be allowed to go on class trips that will cause them to miss classes where their grades are deficient, defined as a D grade or lower. This will be determined on a case-by-case basis, at the discretion of the teachers, with the principal having final determination in cases of disagreement. In this manner we expect to maintain the high academic standard for which this school was founded and to provide the proper expectation for student success.



CONCUSSION INFORMATION

Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness but the vast majority occur without loss of consciousness. In accordance with Section 33-1620, Idaho Code the Idaho High School Activities Association has provided information on its website for coaches, parents, and athletes concerning the Identification and Management Strategies regarding concussions. The IHSAA encourages all coaches, parents, and athletes to educate themselves about the recognition and treatment of concussions.

Please take the time to visit our website at www.idhsaa.org. If you have any questions or need of further information, please contact your school or the IHSAA Office at admin@idhsaa.org. It is the wish of the IHSAA that you have a safe and enjoyable sport or activity season. Idaho High School Activities Association.

***Note:** Please read and review the following Concussion information sheet with your student. Sign and return the lower portion to Cristan Browne via an uploaded pdf to her email (cbrowne@cdacharter.org) or return the original signed document to the north office.

EARLY RELEASE AND TRANSPORTATION CONSENT FORM

Student Name: _____

Grade: 6 7 8 9 10 11 12

School Year: 2026-2027

Periodically, students are released early from classes to participate in a scheduled extra-curricular event. The Coeur d' Alene Charter Academy does not have an established busing system for extra-curricular activities.

For **local activities** (within the Coeur d'Alene or Post Falls School District), families are responsible for arranging their students' transportation. Students may drive themselves or ride with others, with written permission on file from their parents or guardians. **Such transportation is not school-sponsored, and the Academy assumes no liability for transportation arrangements not organized or authorized by the school.**

Transportation for school-sponsored activities classified as **non-local**—defined as any event or activity taking place **outside the Coeur d'Alene or Post Falls School District boundaries**—must be provided by adult volunteers or contracted transportation services.

By signing below, I acknowledge and agree to the following:

1. I am aware that the Academy **does not authorize or supervise** student drivers or any transportation arrangements not explicitly organized by the school.
2. I give permission for my child (initial each that applies):

_____ To drive themselves to and from local school-sponsored activities; and/or

_____ To ride with another student.

_____ To ride with another adult to and from local school-sponsored activities
3. I understand that **these transportation agreements are not school-sponsored** and are made **at our own risk**.
4. I release and hold harmless the Academy, its employees, volunteers, and affiliates from **any and all liability** arising from, or related to, transportation to or from such events, **unless transportation is expressly arranged and authorized by the Academy**.
5. I understand that for **non-local events** (outside the Coeur d'Alene or Post Falls School Districts) for which contracted transportation is not provided, I must provide transportation for my own student or make arrangements for another adult to provide transportation. I understand students who arrive at non-local events in violation of these rules will be restricted from participating.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

- Once this form is on file with the office, a parent will **not** need to call or email to notify attendance for an "excused-arranged" absence.
- Students are responsible for notifying their teachers of their absences for scheduled athletics events and for any missed assignments incurred during their absences.



HEALTH EXAMINATION and CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
Address: _____ Phone: _____
School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

Fill in details of "YES" answers in space below:

	Yes	No		Yes	No
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a stinger, burned or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had a medical problem or injury since your last evaluation?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?					
	<input type="checkbox"/> head	<input type="checkbox"/> back	<input type="checkbox"/> shoulder	<input type="checkbox"/> forearm	<input type="checkbox"/> hand
	<input type="checkbox"/> hip	<input type="checkbox"/> knee	<input type="checkbox"/> ankle		
	<input type="checkbox"/> neck	<input type="checkbox"/> chest	<input type="checkbox"/> elbow	<input type="checkbox"/> wrist	<input type="checkbox"/> finger
	<input type="checkbox"/> thigh	<input type="checkbox"/> shin	<input type="checkbox"/> foot		
14. Were you born without a kidney, testicle, or any other organ?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. When was your first menstrual period?	_____				
When was your last menstrual period?	_____				
What was the longest time between your periods last year?	_____				

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

"I hereby consent to the above-named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to the student receiving health care services deemed necessary by health care providers or designated school authorities for any condition resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out health care services including but not limited to screening, examination, and treatment for the above-named student. This meets the parental consent requirements set forth in Idaho Code Section 32-1015. If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from civil liability as specified in said section."

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision R 20 / _____ L 20 / _____ Corrected: Y N		
	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:

- C. NOT cleared to participate in the following IHSAA sponsored sports /activities:
- baseball basketball cheer/dance cross country football golf
- soccer softball swimming tennis track volleyball wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

- D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)



INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Date of birth: _____ Sex: M / F
Address: _____ Phone: _____
School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:

	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

My child **should** or **should NOT** have a physical examination prior to participation in high school athletics.

Name: _____ Address: _____
City: _____ Zip: _____
Phone: _____

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Note: The original copy of this form **MUST** be returned to the school



CONCUSSION INFORMATION

Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness but the vast majority occur without loss of consciousness. In accordance with Section 33-1620, Idaho Code the Idaho High School Activities Association has provided information on its website for coaches, parents, and athletes concerning the Identification and Management Strategies regarding concussions. The IHSAA encourages all coaches, parents, and athletes to educate themselves about the recognition and treatment of concussions.

Please take the time to visit our website at www.idhsaa.org. If you have any questions or need of further information, please contact your school or the IHSAA Office at admin@idhsaa.org. It is the wish of the IHSAA that you have a safe and enjoyable sport or activity season. Idaho High School Activities Association.

Concussion

INFORMATION SHEET



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____