



# SANDRIDGE

SCHOOL DISTRICT 172

## CONCUSSION INFORMATION & PARENT ACKNOWLEDGMENT FORM

2026-2027 SCHOOL YEAR

Sandridge School District 172 is committed to the health, safety and well-being of every student. Concussions are a type of brain injury that can occur from 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.

**Your student's safety is our priority.** Please read the information below carefully, discuss it with your student, and complete the acknowledgment section.

### WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how the brain works. It can change the way a student thinks, feels, and acts. Concussions can occur during athletic activities, physical education, recess, or any time a student experiences a bump, blow, or jolt to the head or body.

### SIGNS AND SYMPTOMS

**Students may experience one or more of the following:**

- Headache or pressure in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurred or double vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Confusion or trouble concentrating
- Memory problems
- Fatigue or low energy
- Irritability or mood changes
- Not "feeling right"
- Trouble falling asleep



#### IMPORTANT:

Symptoms may appear right away or may not show up for hours or even days after the injury. Every concussion is different.



### WHAT YOU SHOULD DO

If your student has a bump, blow, or jolt to the head or body and experiences any of the symptoms listed:

- ✓ **Seek medical evaluation right away.**  
Do not try to judge the severity of the injury.
- ✓ **Remove your student from activity immediately.**  
When in doubt, sit them out.
- ✓ **Report all injuries and symptoms to the coach, athletic trainer, physical education teacher or school nurse.**
- ✓ **Your student must be evaluated and cleared by an appropriate healthcare provider trained in concussion management before returning to activity or practice.**
- ✓ **Follow the required return-to-learn and return-to-play protocols as directed by school staff and healthcare providers.**

### PARENT / GUARDIAN ACKNOWLEDGMENT (Please initial each statement.)

- \_\_\_\_\_ I have read and understand the information provided above about concussions.
- \_\_\_\_\_ I understand the potential risks and signs/symptoms of concussion.
- \_\_\_\_\_ I understand that my student must report any injury to the head or body and any symptoms to a coach, athletic trainer, physical education teacher, or school nurse.
- \_\_\_\_\_ I understand that my student may not return to activity or practice on the same day of a suspected concussion.
- \_\_\_\_\_ I understand that my student must be evaluated and cleared by an appropriate healthcare provider trained in concussion management before returning to activity or practice.
- \_\_\_\_\_ I understand that the District will follow return-to-learn and return-to-play guidelines to support my student's health and safety.
- \_\_\_\_\_ I give permission for school staff to share information related to concussion management with appropriate healthcare providers as needed.

### STUDENT INFORMATION (Please Print)

Student Name: \_\_\_\_\_ Grade (2026-2027): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION (Please Print)

Parent/Guardian Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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