Guideline for Management of Concussion In High School Sports

Introduction
A concussion is a type of traumatic brain injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.

Once considered little more than a “ding” on the head, it is now understood that a concussion has the potential to result in short or long-term changes in brain function, or in some cases, death. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.

What is a concussion?
You’ve probably heard the terms “ding” and “bell-ringer.” These terms were once used to refer to minor head injuries and thought to be a normal part of sports. There is no such thing as a minor brain injury. Any suspected concussion must be taken seriously. A concussion is caused by a bump, blow, or jolt to the head or another part of the body with the force transmitted to the head. Basically, any force that is transmitted to the head causes the brain to literally bounce around or twist within the skull, potentially resulting in a concussion.

The sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain. Once this injury occurs, the brain is vulnerable to further injury and very sensitive to any increased stress until it fully recovers. A concussion is primarily an injury that interferes with how the brain works. While there is damage to brain cells, the damage is at a microscopic level and cannot be seen on MRI or CT scans. Therefore, the brain looks normal on these tests, even though it has been seriously injured.

Recognition and Management
If a student-athlete exhibits any signs, symptoms, or behaviors that make you suspicious that he or she may have had a concussion, that athlete must be removed from play immediately and all physical activity, including sports and recreation. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to not only prolonged recovery, but also severe brain swelling known as second impact syndrome.
### SYMPTOMS REPORTED BY ATHLETE

<table>
<thead>
<tr>
<th>Symptom</th>
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<tbody>
<tr>
<td>Headaches</td>
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<tr>
<td>“Pressure in head”</td>
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<tr>
<td>Nausea or vomiting</td>
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<tr>
<td>Balance problems or dizziness</td>
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<tr>
<td>Double, blurred or fuzzy vision</td>
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<tr>
<td>Sensitivity to light and/or noise</td>
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<tr>
<td>Feeling Sluggish or slowed down</td>
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<tr>
<td>Feeling foggy or groggy</td>
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<tr>
<td>Confusion</td>
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<tr>
<td>Drowsiness</td>
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<tr>
<td>Amnesia</td>
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<tr>
<td>“Don’t feel right”</td>
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<tr>
<td>Fatigue or low energy</td>
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<tr>
<td>Sadness</td>
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<tr>
<td>Nervousness or anxiety</td>
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<tr>
<td>Irritability</td>
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<tr>
<td>More emotional</td>
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<tr>
<td>Concentration or memory problems</td>
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<tr>
<td>Repeating the same question/comment</td>
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</tbody>
</table>

Parents and coaches are not expected to be able to “diagnose” a concussion. That is the role of an appropriate health-care professional. However, you must be aware of the signs, symptoms and behaviors of a possible concussion, and if you suspect that an student-athlete may have a concussion, then he or she must be immediately removed from practice or game competition at that time for the remainder of the day, and all physical activity.

### SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES

<table>
<thead>
<tr>
<th>Sign</th>
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<tbody>
<tr>
<td>Appears dazed or stunned</td>
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<tr>
<td>Vacant facial expression</td>
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<tr>
<td>Is confused about what to do</td>
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<tr>
<td>Forgets plays</td>
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<tr>
<td>Is unsure of game, score, or opponent</td>
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<tr>
<td>Moves clumsily or uncoordinated</td>
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<tr>
<td>Answers questions slowly</td>
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<tr>
<td>Slurred speech</td>
</tr>
<tr>
<td>Loses consciousness</td>
</tr>
<tr>
<td>Shows behavior or personality changes</td>
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<tr>
<td>Can’t recall events prior to hit</td>
</tr>
<tr>
<td>Can’t recall events after hit</td>
</tr>
<tr>
<td>Seizures or convulsions</td>
</tr>
<tr>
<td>Any change in typical behavior or personality</td>
</tr>
<tr>
<td>Loses consciousness</td>
</tr>
</tbody>
</table>
When you suspect that a player has a concussion, follow the “Heads Up” 4-step Action Plan:

1. Immediately remove the student-athlete from all practice, game competition, and physical activity.
2. Ensure that the student-athlete is evaluated by an appropriate licensed health-care professional which is limited to a medical doctor (MD) or doctor of osteopathy (DO).
3. Inform the student-athlete’s parents or guardians about the possible concussion and give them the Concussion Information Sheet.
4. Keep the student-athlete out of play the day of the injury and until an appropriate health-care professional trained in the evaluation and management of brain injuries provides a written clearance. The Acute Concussion Evaluation (ACE) Care Plan should be provided for the health-care professional to complete.

The signs, symptoms, and behaviors of a concussion are not always apparent immediately after a bump, blow, or jolt to the head or body and may develop over a few hours. An athlete should be observed following a suspected concussion and should never be left alone.

Student-Athletes must know that they should never try to “tough out” a suspected concussion. Teammates, parents and coaches should never encourage a student-athlete to “play through” the symptoms of a concussion. In addition, there should never be an attribution of bravery to student-athletes who do play despite having concussion signs or symptoms. The risks of such behavior must be emphasized to all members of the team, as well as coaches and parents.

If an athlete returns to activity before being fully healed from an initial concussion, the athlete is at risk for a repeat concussion. A repeat concussion that occurs before the brain has a chance to recover from the first can slow recovery or increase the chance for long-term problems. In rare cases, a repeat concussion can result in severe swelling and bleeding in the brain that can be fatal.

**Cognitive Rest**

A concussion can interfere with school, work, sleep and social interactions. Many student-athletes who have a concussion will have difficulty in school with short- and long-term memory, concentration and organization. These problems typically last no longer than a week or two, but for some these difficulties may last for months. It is best to lessen the student’s class load early on after the injury. Most student-athletes with concussion recover fully. However, returning to sports and other regular activities too quickly can prolong the recovery.

The first step in recovering from a concussion is rest. Rest is essential to help the brain heal. Student-Athletes with a concussion need rest from physical and mental activities that require concentration and attention as these activities may worsen symptoms and delay recovery. Exposure to loud noises, bright lights, computers, video games, television and phones (including texting) all may worsen the symptoms of concussion. As the symptoms lessen, increased use of computers, phone, video games, etc., may be allowed.
Return to Play
After suffering a concussion, no athlete should return to play or practice on that same day. Previously, student-athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Newer studies have shown us that the young brain does not recover quickly enough for a student-athlete to return to activity in such a short time.

An athlete should never be allowed to resume physical activity following a concussion until he or she is symptom free and given the approval to resume physical activity by an appropriate health-care professional.

Once an athlete no longer has signs, symptoms, or behaviors of a concussion and is cleared to return to activity by a health-care professional, he or she should proceed in a step-wise fashion to allow the brain to re-adjust to exercise. In most cases, the athlete will progress one step each day. The return to activity program schedule may proceed as below following medical clearance:

Progressive Physical Activity Program
Step 1: Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.
Step 2: Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
Step 3: Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.
Step 4: Full contact practice or training.
Step 5: Full game play.

If symptoms of a concussion re-occur, or if concussion signs and/or behaviors are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by their health care provider.

Concussion Management in the Classroom
Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short- and long-term memory, concentration, and organization. In many cases, it is best to lessen the student-athlete’s class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or longer, if necessary. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.
What To Do In An Emergency

Although rare, there are some situations where you will need to call 911 and activate the Emergency Medical System (EMS). The following circumstances are medical emergencies:

1. Any time a student-athlete has a loss of consciousness of any duration. While loss of consciousness is not required for a concussion to occur, it may indicate more serious brain injury.
2. If a student-athlete exhibits any of the following: decreasing level of consciousness, looks very drowsy or cannot be awakened, if there is difficulty getting his or her attention, irregularity in breathing, severe or worsening headaches, persistent vomiting, or any seizures.

Suggested Concussion Management

1. No student-athlete should return to play (RTP) or practice on the same day of a concussion.
2. Any student-athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any student-athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

Concussion and Head Injury information Sheet

Assembly Bill 25 added to the California Education Code a mandate that schools must now follow. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the student-athlete and the student-athlete’s parent or guardian before the student-athlete’s initiating try-outs, practice or competition. See attached Concussion Fact Sheet for Parents, Concussion Fact Sheet for Athlete and the Athletic Event and Activity Medical Release, Concussion Consent, Assumption of Risk and Liability Waiver Form. This shall be for all sports activities including non-contact sports such as, but not limited to cheerleading, track and field, soccer, basketball, ice-hockey, lacrosse, and cross country.

Signed Waivers and Releases

On May 7, 2010, the State CIF Federated Council passed Bylaw 313 that now requires a signed medical release before a student-athlete who is suspected to have sustained a concussion can return to play. Parents of athletes must provide evidence of medical insurance. The Athletic Event and Activity Medical Release, Concussion, Consent, Assumption of Risk and Liability Waiver Form must be signed and returned before the student/athlete is allowed to access the event premises, including any tryouts, official or unofficial practices, or training. Proof of medical insurance for student-athlete is required.

The school district shall identify the person/s responsible for ensuring that all necessary waivers and forms are returned and verified prior to student-athlete’s participation in the school sport program. The coaches shall be provided a written roster of all approved student-athletes. Any student-athlete who turns out for a sports practice/event and is not on the approved student-athlete roster should immediately be referred to the program administrator to complete the required paperwork. All records should be maintained for a minimum of seven (7) years.
Should a suspected concussion occur, the Acute Concussion Evaluation (AEC form-see attached) must be completed by an appropriate medical professional prior to resuming the sports activity.

**Medical Insurance Requirements**
All student-athletes must have medical/health insurance. Private insurance and Medi-Cal are acceptable. The California Education Code requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expenses resulting from accident bodily injuries. This coverage may be available at an additional cost through a third party provider. It is the responsibility of the parent to notify the school in the event insurance coverage changes or no longer applies to the student-athlete.

**Training**
Schools shall ensure that all coaches (paid or volunteer) are educated in the nature and risk of concussion or head injury prior to the first practice/competition. This education shall include signs and symptoms of concussion/brain injury. A free 20-minute on-line course is available at [www.preventingconcussions.org](http://www.preventingconcussions.org) as well as numerous free educational resources, prevention tips, and assessments & tools. Additional websites with additional free resources are [www.cifstate.org](http://www.cifstate.org) (click on health and safety tab) and [www.cdc.gov/concussion](http://www.cdc.gov/concussion).
CHECKLIST FOR CONCUSSION MANAGEMENT

☐ Signed Athletic Event and Activity, Medical Release, Concussion Consent, Assumption of Risk and Liability Waiver Form

☐ Proof of Medical Insurance

☐ Concussion Fact Sheet for Parents & Athletes given to parent and athlete

☐ Athletic event coaches (paid and volunteer) have completed required training for concussion management

☐ Concussion Fact Sheet for Coaches provided for coaches (paid and volunteer)

☐ Acute Concussion Evaluation form provided for coaches (paid and volunteer)

☐ Roster of approved student-athletes provided for coaches (paid and volunteer)

☐ Records stored and maintained per school policy

_____________________________________________
Student-Athlete Program Administrator (Print)

_____________________________________________
Signature

_____________________________________________
Date:

_____________________________________________
Student-Athlete

_____________________________________________
Activity/Sport
You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

**Rest is the key.** You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

### Today the following symptoms are present (circle or check).

<table>
<thead>
<tr>
<th>Physical</th>
<th>Thinking</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Sensitivity to light</td>
<td>Feeling mentally foggy</td>
<td>Irritability</td>
</tr>
<tr>
<td>Nausea</td>
<td>Sensitivity to noise</td>
<td>Problems concentrating</td>
<td>Sadness</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Numbness/Tingling</td>
<td>Problems remembering</td>
<td>Feeling more emotional</td>
</tr>
<tr>
<td>Visual problems</td>
<td>Vomiting</td>
<td>Feeling more slowed down</td>
<td>Nervousness</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>Dizziness</td>
<td>Dizziness</td>
<td>Trouble falling asleep</td>
</tr>
</tbody>
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**RED FLAGS:** Call your doctor or go to your emergency department if you suddenly experience any of the following

- Headaches that worsen
- Look very drowsy, can't be awakened
- Can't recognize people or places
- Seizures
- Repeated vomiting
- Increasing confusion
- Increasing irritability
- Neck pain
- Slurred speech
- Weakness or numbness in arms or legs
- Loss of consciousness

### Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration.** These activities can make symptoms worse.
   - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
   - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to main appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities.** If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

### Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
   - Increased problems paying attention or concentrating
   - Increased problems remembering or learning new information
   - Longer time needed to complete tasks or assignments
   - Greater irritability, less able to cope with stress
   - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

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*This form is part of the “Heads Up: Brain Injury in Your Practice” tool kit developed by the Centers for Disease Control and Prevention (CDC).*
### Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)

2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.

3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

- **Do not return to PE class at this time**
- **Return to PE class**
- **Do not return to sports practices/games at this time**
- **Gradual return to sports practices under the supervision of an appropriate health care provider (e.g., athletic trainer, coach, or physical education teacher).**
  - Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
  - Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, let your health care provider know, return to the first level, and restart the program gradually.

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### Gradual Return to Play Plan

1. **No physical activity**
2. **Low levels of physical activity (i.e., symptoms do not come back during or after the activity).** This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. **Moderate levels of physical activity with body/head movement.** This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. **Heavy non-contact physical activity.** This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. **Full contact in controlled practice.**
6. **Full contact in game play.**

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.*

### This referral plan is based on today’s evaluation:

- **Return to this office. Date/Time**
- **Refer to: Neurosurgery Neurology Sports Medicine Physiatrist Psychiatrist Other**
- **Refer for neuropsychological testing**
- **Other**
CONCUSSION
A Fact Sheet for Coaches

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a blow to the head or body.
  – From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
• Can change the way your brain normally works.
• Can range from mild to severe.
• Presents itself differently for each athlete.
• Can occur during practice or competition in ANY sport.
• Can happen even if you do not lose consciousness.

CIF Bylaw 313 – Play It Safer
A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:
• Amnesia.
• Confusion.
• Headache.
• Loss of consciousness.
• Balance problems or dizziness.
• Double or fuzzy vision.
• Sensitivity to light or noise.
• Nausea (feeling that you might vomit).
• “Don’t feel right.”
• Feeling sluggish, foggy or groggy.
• Feeling unusually irritable.
• Concentration or memory problems (forgetting game plays, facts, meeting times).
• Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT CAN HAPPEN IF I KEEP PLAYING A STUDENT WITH A CONCUSSION OR RETURNS TO SOON?
Athletes with the signs and symptoms of concussion should be removed from play immediately (CIF Bylaw 313). Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries and concussions are no different. It is your duty as a coach to place the health and safety of your student-athletes ahead of winning.

WHAT A COACH SHOULD DO IF YOU THINK YOUR PLAYER HAS SUFFERED A CONCUSSION
Any athlete even suspected of suffering a concussion must be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. The new “CIF Bylaw 313” now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student-athletes. A coach’s job is to ensure everyone follows these guidelines.

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.
For more information and resources, visit www.cifstate.org/health_safety/ & www.cdc.gov/concussion.
CONCUSSION
A Fact Sheet for Student-Athletes

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a blow to the head or body. – From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
• Can change the way your brain normally works.
• Can range from mild to severe.
• Presents itself differently for each athlete.
• Can occur during practice or competition in ANY sport.
• Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
• Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
• Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
• Follow your athletics department’s rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can’t see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:
• Amnesia.
• Confusion.
• Headache.
• Loss of consciousness.
• Balance problems or dizziness.
• Double or fuzzy vision.
• Sensitivity to light or noise.
• Nausea (feeling that you might vomit).
• Feeling sluggish, foggy or groggy.
• Feeling unusually irritable.
• Concentration or memory problems (forgetting game plays, facts, meeting times).
• Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
DON’T HIDE IT. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

REPORT IT. TELL YOUR COACH – TELL YOUR PARENTS! Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

GET CHECKED OUT. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

TAKE TIME TO RECOVER. 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 repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.cifstate.org/health_safety/ & www.cdc.gov/concussion/
WHAT IS A CONCUSSION?

A concussion is a type of traumatic 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 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 stunned
- 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 mood, behavior, or personality changes

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
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- 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. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

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 regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.
   Concussions take time to heal. Don’t let your child return to play the day of the injury and 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 repeat concussion. Repeat 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 PREVIOUS CONCUSSION.
   Coaches should know if your child had a previous concussion. 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, visit www.cdc.gov/Concussion.
¿QUÉ ES LA CONMOCIÓN CEREBRAL?
Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.
La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?
Signos que notan los padres y los tutores
Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:
• Luce aturdido o fuera de control
• Se confunde con la actividad asignada
• Olvida las jugadas
• No se muestra seguro del juego, la puntuación ni de sus adversarios
• Se mueve con torpeza
• Responde con lentitud
• Pierde el conocimiento (así sea momentáneamente)
• Muestra cambios de conducta o de personalidad
• No puede recordar lo ocurrido antes de un lanzamiento o un caída
• No puede recordar lo ocurrido después de un lanzamiento o un caída

Síntomas que reporta el atleta
• Dolor o “presión” en la cabeza
• Náuseas o vómitos
• Problemas de equilibrio, mareo
• Visión doble o borrosa
• Sensibilidad a la luz y al ruido
• Se siente débil, confuso, aturdido o grogui
• Problemas de concentración o memoria
• Confusión
• No se “siente bien”

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?
Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.
• Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
• Invítelo a mantener el espíritu deportivo en todo momento.
• Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacérsele el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?
1. Busque atención médica de inmediato. Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
2. No permita que su hijo siga jugando. Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente. Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.
Para obtener más información, visite www.cdc.gov/ConcussionInYouthSports.
ATHLETIC EVENT AND ACTIVITY MEDICAL RELEASE, CONCUSSION CONSENT, ASSUMPTION OF RISK AND LIABILITY WAIVER FORM

THIS DOCUMENT IS REQUIRED TO BE SIGNED AND RETURNED PRIOR TO THE BEGINNING OF THE ACTIVITY PARTICIPATION

Student-Athlete First and Last Name: ________________________________________________________

Parent/Guardian First and Last Name: ______________________________________________________

Address: _____________________________________________ City: ___________________ Zip: ___

Email: ________________________________________________________________________________

Gender: ___Male ____Female Date of Birth:; ________ (MM/DD/YYYY)

FOR GOOD AND VALUABLE CONSIDERATION, including permission for ______________________ to participate in ______________________________________________

(student-athlete) (event or activity)

and related activities, I, the parent/guardian of the student-athlete and on behalf of the student-athlete:

CONSENT TO PARTICIPATE

1. Consent to the student-athlete’s participating in the event or activity, and agree that should the student athlete or myself find any facilities and/or equipment to be unsafe, I will immediately advise the person supervising the event, activity, facility or area;

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND RESPONSIBILITIES

2. Acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility. The student athlete and I fully understand that participation may involve risk of serious injury or death of the student athlete or others, related to the very nature of the sports activity in which the student athlete is involved, including the activities and actions of other student athletes, conditions of the facilities, conditions of equipment being used, and the area where the event or activity is being conducted .

3. Assume any and all risks of personal injury or death to the student athlete related in any way to the student athlete’s participation in the event or activity, including responsibility for any medical bills or other economic expense which may be incurred as a result of such participation.

RELEASE OF ALL LIABILITY

4. On behalf of the student athlete and his heirs and successors, agree to forever release the ______________________ School District and its officers, employees or agents, from any and all liability to the
student athlete and his heirs and successors, for personal injury, property damage, or wrongful death, resulting in any way from the student athlete’s participation in the event or activity, regardless of how the injury occurs and regardless of any negligence or other fault on the part of the school district, or any of its officers employees or agents, which may contribute in any way to such personal injury, property damage or death, and further agree never to file any claim or suit against the ____________________ School District and its officers, employees or agents, as a result of personal injury, property damage or death resulting in any way from the student athlete’s participation in the event or activity.

AGREEMENT TO INDEMNIFY

5. Agree to indemnify and hold harmless the school district and its officers, agents and employees, including but not limited to coaches, referees, volunteers and sponsors, from any and all claims, causes of action or suits against them arising in any way from the student athlete’s participation in the event or activity, regardless of whether the school district, its officers, agents or employees, have in any way been negligent or otherwise at fault in connection with such personal injury, property damage or death.

6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with the student-athlete’s participation in this event or activity without compensation from the ‘School District’, and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;

SUSPECTED CONCUSSIONS

7. Student-athlete may not return to activity after a suspected head injury or concussion, regardless of how mild it may seem or how quickly symptoms clear, without medical clearance. I will inform the student-athlete’s coach if I think the student-athlete has a concussion. If there is any doubt as to whether the student-athlete has suffered a concussion, the student-athlete will sit out and shall seek medical treatment and obtain a medical clearance prior to resuming activities;

ACKNOWLEDGEMENT OF RECEIPT OF CONCUSSION FACT SHEET

8. A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally functions. Even though most concussions are minor, all concussions are potentially serious and may result in complications, including prolonged brain damage and death if not recognized and managed properly.

I have received the attached concussion fact sheet for parents and athletes and agree to the assumption of risk, release, and indemnity obligations set forth above.

Parents’ Initials  Student-Athlete’s Initials

PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITIONS

9. All student-athletes must have medical/health insurance. Private insurance and Medi-Cal are acceptable. The California Education Code requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expenses resulting from accident bodily injuries. I understand that the School District does not provide medical insurance for student-athlete injuries but does make voluntary student insurance available at an additional cost through a third party provider. It is the responsibility of the parent to notify the school in the event insurance coverage changes or no longer applies to the student-athlete.

10. Warrant that the student-athlete is in good health and has no physical condition that would prevent the student-athlete from participation in the event or activity and agree to carry personal medical insurance
coverage for student-athlete;

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<th>Name of Health Insurance Company</th>
<th>Name of Insured</th>
<th>Policy Number</th>
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**CONSENT FOR MEDICAL TREATMENT**

11. Hereby give my consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb or well-being of student-athlete.

**ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AGREEMENT**

12. THIS DOCUMENT RELIEVES "SCHOOL DISTRICT" AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

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<th>Printed Name of Mother/Guardian</th>
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