A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, must be immediately removed from participation if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the student cannot return to participation until written medical clearance has been provided by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
 - "Contest official" means a referee, umpire, judge, or other official in an athletic contest who is registered with the lowa high school athletic association or the lowa girls high school athletic union.
 - "Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - "Extracurricular interscholastic activity" means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
 - "Medical clearance" means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

- 1. Teach your child that it's not smart to play with a concussion.
- 2. OBEY THE LAW.
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
- Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

- 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
- · Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Student-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 is "feeling down"

STUDENTS, If you think you have a concussion:

- Tell your coaches & parents Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- Give yourself time to heal If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: www.cdc.gov/Concussion

IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

| We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports | we nav | e received the in | iformation provided o | n the concussion fa | ct sneet titled, "HE | EADS UP: Concuss | ion in High School Sport | 3. |
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| ident's Signature Date | | Student's Printed Name | | | |
|-------------------------------|------|------------------------|------------------|--|--|
| Parent's/Guardian's Signature | Date | Student's Grade | Student's School | Developed by IDPH, IHSAA & IGHSAU 1118 | |

Northwood-Kensett Junior/Senior High School

WAIVER AND RELEASE OF LIABILITY FOR All SPORTS

I am aware that trying out, practicing, or any other form of participation in any sport can be a dangerous activity involving risk of injury. I understand that the dangers and risks of playing or practicing sports include the possibility of minor to severe injury, and I understand and assume that risk.

Because of the dangers of participating in sports, I recognize the importance of listening to, and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of instructions as well as following all written warnings regarding playing techniques, training methods, rules of the sport and other team rules. I understand that all instructions and warnings, both verbal and written, are incorporated into this agreement and I hereby expressly promise to obey all such instructions and warnings.

In consideration of the Northwood-Kensett Schools permitting me to try out, practice, play, or in any other way participate in activities related to the Northwood-Kensett Schools team including practicing, conditioning, playing, and traveling, I hereby voluntarily assume all of the risks and hazards associated with such participation. I agree to waive all claims of whatever nature, fully and finally, now and forever, for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and for all members of my family. I also agree to release, exonerate, discharge and hold harmless the above named school district, school, their trustees, officers, agents, servants, employees, successors and assignees, including their athletic staffs, coaches, assistant coaches, athletic trainers, physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes of action or demands arising out of any injuries to my person or property, or losses of any kind and nature whatsoever, which may result from or in connection with my participation in any type of activity related to the Northwood-Kensett Schools athletic teams.

| I specifically acknowledge that <u>football and wrestling</u> are violent and physically demanding sports involving even greater risk of injury than those other sports, and I both understand and I voluntarily assume all of those risks. | | | | | | |
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| | Student-Athlete Initials | | | | | |
| Student's Printed Name | _ | | | | | |
| Student-Athlete Signature | Date | | | | | |
| Parent/Legal Guardian Signature Date | Date | | | | | |