



## ATHLETIC FEE AND PERMISSION FORM

STUDENT NAME \_\_\_\_\_ Grade: \_\_\_\_\_

FAMILY/PARENT NAME \_\_\_\_\_

PLEASE LIST THE SPORTS TEAMS YOU WISH TO PARTICIPATE IN BELOW:

\_\_\_\_\_

Please indicate if you've previously paid and played other sports in the 2018-2019 school year:

\_\_\_\_\_

\_\_\_\_\_

**FEE FOR SPORTS TEAMS ARE \$75 PER SPORT  
OR \$150 FOR TWO OR MORE TEAMS PER SCHOOL YEAR**

By signing below, you are authorizing payment and giving your permission for your child to participate in the above-mentioned St. Clare sports teams. All physical and release forms must be turned in prior to your child being allowed to play the sports listed here.

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

Cash or Check Accepted

AMOUNT ENCLOSED       \$75              check        cash

\_\_\_\_\_

*Office Use Only:*

*Paid: Check No.* \_\_\_\_\_ *Cash:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signed:* \_\_\_\_\_



Florida High School Athletic Association  
**Preparticipation Physical Evaluation (Page 1 of 3)**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

**Part 1. Student Information (to be completed by student or parent)**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

**FEMALES ONLY (optional)**

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 3)

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Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)
Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_ F \_\_\_\_ left: P \_\_\_\_ F \_\_\_\_
Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_ Cleared without limitation
Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
Precautions: \_\_\_\_\_
Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: \_\_\_\_\_

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

Signature of Physician: \_\_\_\_\_

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



**DIOCESE OF PALM BEACH  
POLICY & PASTORAL GUIDELINES  
CONCERNING CONCUSSION MANAGEMENT  
FOR STUDENT ATHLETES**

**I. Introduction**

The following *Policy & Pastoral Guidelines Concerning Concussion Management for Student Athletes* has been approved by the Diocese of Palm Beach and is intended for the Diocesan schools in accord with the *Diocese of Palm Beach Code of Pastoral Conduct for Church Personnel* and other official documents of the Diocese listed in the Preamble of this Code.

The Diocese of Palm Beach has developed these policies and procedures for the management of concussions in youth sports for student athletes, their parents or guardians and their coaches. The Diocese has developed recommendations for the management and treatment of student athletes suspected or diagnosed with having sustained a concussion. These recommendations along with the accompanying forms provide guidance for both the student athlete's exclusion from play as well as their return to the classroom.

The Diocese requires that any student athlete suspected of sustaining a concussion must be evaluated by an Appropriate Health Care Professional (AHCP). The Florida High School Athletic Association defines an AHCP as a Medical Doctor or a Doctor of Osteopathy (MD or DO).

Additionally, this policy addresses the concussion education and tracking requirements of non-school related athletic programs and provide guidance and suggestions for those programs.

The provisions of this policy call for the training of every coach (head coach, assistant coach, position coach, athletic trainer and volunteers) as well as providing awareness to all student-athletes and their parents or guardians on:

- The nature and risk of a concussion or head injury
- The criteria for removal from and return to play
- The risk of not reporting an injury
- Appropriate academic accommodations

The provisions also mandate the written verification of:

- The coach receiving concussion awareness training
- The student-athlete and parent or guardian acknowledging receipt of concussion awareness information

In addition, schools shall extend appropriate procedures for academic accommodations to student-athletes who have been diagnosed with a concussion.

Finally, non-school youth athletic activities conducted on school property must provide assurances that concussion information has been provided to all participants and their parents or guardians.

## **II. Background**

### **What is a Concussion?**

A concussion is a type of traumatic brain injury that is caused by bump, blow or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth, causing the brain to bounce around or twist inside the skull. Even what seems to be a mild bump to the head can be serious. The severity of the concussion is based on the symptoms displayed and the duration.

### **In what sports do Concussions usually occur?**

Concussions historically occur in contact sports such as football, hockey, and lacrosse; however, certain non-contact sports such as baseball, soccer, basketball, and volleyball can produce concussions. Other sports or activities, such as cheerleading where there is a history of falls should be included in any concussion program.

### **Can anything be done to prevent concussions in contact sports?**

Insist that safety comes first. Teach athletes safe playing techniques and encourage them to follow the rules. Encourage good sportsmanship and make sure that athletes wear the right protective equipment for their sport and position with no exceptions. Equipment such as helmets, padding, shin guards, eye and mouth guards should fit properly and be regularly inspected and maintained. Team physicians and trainers must maintain high index of suspicion to detect mild concussions. Return to sports requires a progressive exercise program, complete absence of symptoms, completion of neuropsychological tests and recurring evaluation. If an athlete has a concussion, their brain needs time to heal. Rest after a concussion is key!

## **III. Education**

It is imperative that everyone involved (student-athletes, parents or guardians, coaches, trainers and other school staff members) receive education in the recognition of concussions, their evaluation, treatment and return to play protocols.

### **Coaches Education**

Every coach (head, assistant, position and volunteers) is required to view the free online course "Concussion in Sports – What you need to know" before they begin practice every year (even if it was viewed last year).

This Center for Disease Control (CDC) endorsed program provides a guide to understanding, recognizing and properly managing concussions in youth sports. It is available at [www.nfhslearn.com](http://www.nfhslearn.com).

### **Proof of Completion**

Presentation of a certificate of completion from a coaches training course with annual renewal as a condition of coaching employment provides a simple and clear mechanism for schools to assure compliance. The Athletic Director (AD) or Principal (in the absence of an AD) must maintain a Concussion Course Affidavit DoPB Form 1 on all coaches. (Certificate of Completion - Figure 1)

### **Best Practices**

The following is a list of resources that should be at every practice or competition where a student-athlete could possibly sustain a concussion.

- On field quick reference guide kept in the team medical kit or other accessible area
- A CDC clipboard or CDC clipboard sticker ([https://www.cdc.gov/headsup/pdfs/youthsports/heads\\_up\\_youth\\_sports\\_clipboard\\_sticker-a.pdf](https://www.cdc.gov/headsup/pdfs/youthsports/heads_up_youth_sports_clipboard_sticker-a.pdf)) or a clipboard sticker containing the same information
- Copies of the "Medical Clearance for Suspected Head Injury" form

### **Concussion Awareness for**

#### **Student-Athletes & Parents or Guardians and School Personnel**

Each Diocesan school shall ensure that student-athletes, parents or guardians, and school personnel receive an informational sheet describing:

- The nature and risk of a concussion or head injury
- The criteria for removal from play and return-to-play
- The risks of not reporting an injury and continuing to play
- Appropriate academic accommodations for diagnosed concussion victims

#### **The informational materials used shall include but not be limited to:**

The Center for Disease Control's (CDC) tools for youth and high school sports coaches, parents, athletes and health care professionals provide important information on preventing, recognizing and responding to a concussion, and are available at <https://www.cdc.gov/headsup/index.html>

These include *Heads Up to Schools: Know Your Concussion ABCs*; *Heads UP: Concussion in Youth Sports*; and *Heads UP: Concussion in High School Sports*.

### **Best Practices**

Suggested opportunities to provide concussion information include but are not limited to:

- In-service training
- Team meetings or practice segments
- Team pre-participation documents
- Student-athlete / Parent orientation
- Coach / Parent pre-season meetings
- Athletic trainer tips
- Formal / informal seminars

### **Required Acknowledgement**

Every student-athlete and at least one parent or guardian must verify in writing that they have received information on concussions and sign a statement acknowledging receipt of the information. **DoPB Form 3**

Furthermore, every student-athlete and at least one parent or guardian must verify in writing if the student-athlete has a history of traumatic head injury/concussion. A recommended verification form is attached. **DoPB Form 5**

## **IV. Baseline Testing (ImPACT)**

Baseline tests are used to assess an athlete's balance, reaction time and cognitive function (including concentration and memory) as well as for the presence of any concussion symptoms. When performed baseline testing should take place in the pre-season, prior to the first practice if possible. Ideally, a neuropsychologist should interpret the baseline test results. It is important to record other medical conditions that could impact the recovery from a concussion, such as migraines, depression, mood disorders, anxiety and Attention Deficit/Hyperactivity Disorder (ADHD).

Baseline testing is not performed by the Diocese or its schools. It is recognized as a helpful tool in evaluating a student-athlete's condition and Return-to-Play status. The Diocese does however require that any baseline testing that is performed on its student athletes be performed by a qualified third party, not in-house by school employees, coaches or team athletic trainers. Parents can be provided information on baseline testing and may choose to have their child (student-athlete) baseline tested. Further, any data from baseline testing must be maintained/stored offsite at the provider's office in accordance with HIPPA requirements.

## **V. Return to Play (RTP) Criteria/Concussion Management**

Current medical studies have shown that on the average, concussion symptoms last 10 – 14 days. In addition, some studies are demonstrating that brain physiology may not return to normal for 30 days. *The*



*greatest risk of returning an athlete to play too soon is sustaining another concussion before being fully recovered from the previous one.* If this occurs, studies show that athletes will take exponentially longer to recover. This means that your child will, in all likelihood, not only miss the remainder of his/her sport season, but will also not be able to attend classes, which may result in your child not graduating on time or not being promoted to the next grade level. In addition, recent studies from Boston University School of Medicine have demonstrated that athletes who sustain multiple concussions may be at risk for pathological changes which are consistent with Alzheimer's type dementia.

- No athlete should RTP or practice on the same day of a suspected concussion. "When in doubt, sit them out!"
- Any athlete suspected of having a concussion **must be evaluated** by an AHCP (MD or DO) within 72 hours of the injury.
- Any athlete who has sustained a concussion **must be medically cleared** by an AHCP (MD or DO) prior to resuming participation in any practice or competition. A parent cannot authorize return to play for his/her child, even if the parent is an AHCP.

## VI. Removal and Return-to-Play (RTP) Procedures

### What should coaches do if they suspect a Concussion?

1. **Remove the athlete from play** - Look for signs or symptoms of a concussion if your student-athlete has experienced a bump or blow to the head or body. When in doubt, keep the student-athlete out of play.
2. **Ensure that the athlete is evaluated by an appropriate healthcare professional** Do not attempt to evaluate the student-athlete yourself; only a qualified healthcare professional can assess the severity of a concussion.
  - Cause of the injury and force of the hit or blow to the head or body
  - Any loss of consciousness (passed out/knocked out) and if so, for how long
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury
  - Number of previous concussions (if any)
3. **Inform the student-athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the student-athlete should be seen by a health care professional experienced in evaluating for concussion.
4. **Keep the student-athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.** A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term

problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, even death.

### **Date of injury**

- Evaluation on sideline may consist of: King-Devick Sideline Concussion Eval, SCAT5 and/or CDC Checklist, by a Certified Athletic Trainer, MD or DO.
- If no immediate medical attention is needed, the athlete must follow-up with an AHCP within 72 hrs.

### **Return to play**

- **DoPB Form 7** graded return to play form will not begin until the athlete is asymptomatic
- **DoPB Form 7** will be given to athlete to bring to AHCP to have signed clearing athlete to begin graded return to play protocol.
- Step 4 of RTP Guidelines: "Full contact practice" must involve a regular full team contact practice which simulates game situations. A scheduled walk through practice does not satisfy this step.
- Once **DoPB Form 7** Graded Return-to-Play protocol has been completed an AHCP can then sign the Return to Competition Affidavit stating the athlete is cleared for a complete return to full contact physical activity without restriction.

### **Treatment and recovery**

Guidance for Parents or Guardians

Within the next 24-48 hours, make sure your child (student-athlete) rests, drinks plenty of fluids (water and sports drinks).

Important points:

- Rest (physically and mentally), including gym class, training (weights) or, playing sports until symptoms have resolved and the student-athlete has been medically cleared
- No prescription or non-prescription drugs without medical supervision

Specifically

- no sleeping tablets
- do not use aspirin
- no anti-inflammatory medication or sedation pain killers
- do not drive until medically cleared
- do not engage in *any* physical activity until medically cleared

If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, this is an indication that you must immediately take him/her to the nearest emergency room for further evaluation.

The purpose of this evaluation is to discover if some other injury may exist or if the brain is not healing from the injury. If no other injuries are found, the evaluating physician may prescribe additional care measures to help reduce your student-athlete's discomfort.

**Please note:** *Normal brain and skull imaging studies (CT scans, MRIs) by themselves do not diagnose nor rule out a concussion, and they do not predict a timeline for a safe return to physical activity.*

**If you do not visit the emergency room, follow these suggestions:**

1. Arrange a visit with your family physician or other healthcare professional that has been trained in the evaluation and management of concussion. Share with him/her the injury evaluation you received today and the signs and symptoms checklist located on the front of this form.
2. Allow your student-athlete to rest in a quiet area; it is recommended that you eliminate most external brain stimuli including bright lights, loud noises, TV, computers, reading, video gaming, texting, etc. Limit visitors so as not to overstimulate the healing athlete.
3. Notify your student-athlete's teachers of the injury; it is possible that educational modifications will be needed to assist your athlete during healing. Please discuss this with your family physician for more information. Likewise, it may be necessary to delay the athlete's return to an after-school or weekend job until it is deemed safe to perform these activities
4. No form of athletic activity should be resumed prior to formal clearance by your physician

**Sleeping**

It is typical for an student-athlete who has suffered a concussion to become tired and lethargic. It is acceptable for your student athlete to sleep. However, excessive sleepiness and lethargy would be cause to seek further evaluation from a medical doctor.

**Concussions that occur outside of Diocesan school athletics**

Student-athletes that have been seen by AHCP and have supporting documentation of a concussion will follow above protocol (#4).

Those that have not been evaluated by AHCP or do not have supporting documentation will be evaluated by the ATC and automatically referred to ACHP if a concussion is suspected.



## Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (page 1 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

### Concussion Information

#### What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

#### What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

#### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

#### What do I do if I suspect my child has suffered a concussion?

Any athlete suspected of suffering a concussion should be removed from the activity 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 from an appropriate health-care professional (AHCP).

In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

#### When can my child return to play or practice?

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

#### Statement of Student Athlete Responsibility

I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

_____	_____	____/____/____
Name of Student-Athlete (printed)	Signature of Student-Athlete	Date
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date



**Form 3**  
**DOPB Schools**  
**Concussion Management Policy**  
**Revised 08/07/2018**

## Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 2 of 2)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

### Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

**Heat Stroke** is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

**Heat Exhaustion** is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

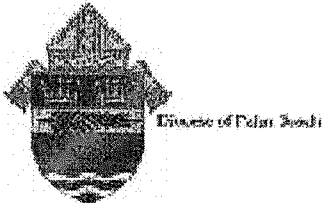
**Heat Cramps** usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

#### Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

_____	_____	____/____/____
Name of Student-Athlete (printed)	Signature of Student-Athlete	Date
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date



For official use only:  
Name of Athlete: \_\_\_\_\_

## Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I \_\_\_\_\_ and \_\_\_\_\_ the parent(s)/guardian(s) of  
Parent/Guardian Parent/Guardian

\_\_\_\_\_, acknowledge that I have received information on all of the following:  
Name of Student/Athlete

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian \_\_\_\_\_  
PRINT NAME

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

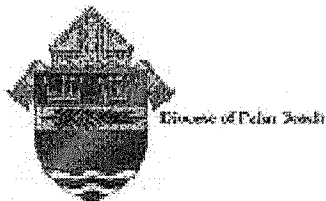
Parent/Guardian \_\_\_\_\_  
PRINT NAME

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

Student Athlete \_\_\_\_\_  
PRINT NAME

Student Athlete \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

*It's better to miss one game than the whole season.*



## Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular activity.

### Student Information

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Has student ever experienced a traumatic head injury (a blow to the head)? Yes \_\_\_ No \_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Has student ever received medical attention for a head injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes \_\_\_ No \_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

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

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

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

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_