

# Georgia High School Association Student/Parent Concussion Awareness Form

**SCHOOL:** \_\_\_\_\_

## **DANGERS OF CONCUSSION**

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

## **COMMON SIGNS AND SYMPTOMS OF CONCUSSION**

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**BY-LAW 2.68: GHSA CONCUSSION POLICY:** In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

*By signing this concussion form, I give \_\_\_\_\_ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2016-2017 school year. This form will be stored with the athletic physical form and other accompanying forms required by the \_\_\_\_\_ School System.*

**I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.**

\_\_\_\_\_  
*Student Name (Printed)*

\_\_\_\_\_  
*Student Name (Signed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Name (Printed)*

\_\_\_\_\_  
*Parent Name (Signed)*

\_\_\_\_\_  
*Date*

# Concussions

## What you need to know



### What is the law?

**Schools:** House Bill 284, the Return to Play Act of 2013, requires all public and private schools to create a concussion policy that, at a minimum, includes these standards:

- Prior to the beginning of each athletic season, an information sheet that informs parents or legal guardians of the risk of concussions must be provided.
- If a youth athlete (ages 7 to 18) participating in a youth athletic activity exhibits signs or symptoms of a concussion, he must be removed from play and evaluated by a healthcare provider.
- Before a youth athlete can return to play, he must be cleared by a healthcare provider trained in the management of concussions.

**Recreational Leagues:** HB 284 requires recreational leagues to provide an information sheet on the risks of concussion at the time of registration to all youth athletes' (ages 7 to 18) parents or legal guardians.

### What is a concussion?

It is a type of brain injury caused by trauma. It can be caused by a hard bump on or blow to or around the head, which causes the brain to move quickly inside the head. You do not have to lose consciousness to have a concussion. If a concussion is not properly treated, it can make symptoms last longer and delay recovery. A second head trauma before recovery could lead to more serious injuries.

### What are the signs and symptoms?

There are many signs and symptoms linked with concussion. Your child may not have any symptoms until a few days after the injury. Signs are conditions observed by other people and symptoms are feelings reported by the athlete.

#### Signs observed by others

- Appears dazed or stunned
- Forgets plays
- Is unsure of game or opponent
- Moves clumsily
- Answers questions slowly
- Shows behavior or personality changes

#### Symptoms reported by athlete

- Headache
- Nausea
- Dizziness
- Fuzzy vision
- Feeling foggy
- Concentration problems

For a full list of signs and symptoms visit [choa.org/concussion](http://choa.org/concussion).

*This is general information and not specific medical advice. Always consult with a doctor or healthcare provider if you have questions or concerns about the health of a child. This piece was created by the concussion team at Children's Healthcare of Atlanta. ©2013 Children's Healthcare of Atlanta Inc. All rights reserved.*

### What should you do if you suspect a concussion?\*

- Do not let your child play with a head injury.
- Check on your child often after the injury for new or worsening signs or symptoms. If the symptoms are getting worse, take him to the nearest Emergency Department.
- Take your child to the doctor for any symptom of a concussion.
- Do not give your child pain medications without talking to your child's doctor.
- Your child should stop all athletic activity until his doctor says it is OK. Your child must stay out of play until he is cleared by a licensed healthcare provider.
- Educate your child on concussions and why he cannot play until the symptoms are gone. Your child will need a gradual return to school and activities.
- Tell your child's coaches, school nurses and teachers if he has a concussion.

**\*In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.**

### Warning signs

#### Call your child's doctor right away if he has:

- New signs that his doctor does not know about
- Existing signs that get worse
- Headaches that get worse
- A seizure
- Neck pain
- Tiredness or is hard to wake
- Continued vomiting
- Weakness in the arms or legs
- Trouble knowing people or places
- Slurred speech
- Loss of consciousness
- Blood or fluid coming from nose or ear
- A large bump or bruise on scalp, especially in infant younger than 12 months

### Where can I find more information?

Visit [choa.org/concussion](http://choa.org/concussion) for return to school and activities guidelines, educational videos and general concussion information.

It is the policy of Fayette County Schools that athletes cannot practice or compete in activities until this form is signed and returned. By signing this form, you acknowledge that you have received the fact sheet on concussions.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's Printed Name

\_\_\_\_\_  
Athlete's Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's School

\_\_\_\_\_  
Grade

**FAYETTE COUNTY SCHOOL SYSTEM  
PARENTAL CONSENT FOR ATHLETIC/EXTRACURRICULAR PARTICIPATION**

*\*Parents signature needed in four places\**  
PLEASE PRINT

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (Zip)

The student is domiciled at the above address located in the \_\_\_\_\_ school attendance area.  
(School must be notified if student moves from the above address)

Have you attended this Fayette County School for at least one full school Year? YES \_\_\_\_\_ NO \_\_\_\_\_

You live with (Name of Parent/Parents/Guardian) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date entered 9<sup>th</sup> Grade \_\_\_\_\_ Your grade level for the upcoming school year \_\_\_\_\_

**PARENTAL CONSENT FOR PARTICIPATION**

**WARNING:** Although participation in supervised inter-scholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I(We) hereby give consent for \_\_\_\_\_ to:  
1. Compete in athletics and/or extra curricular activities at \_\_\_\_\_ SCHOOL of the Fayette County School System

2. To accompany any school team of which the student is a member on any of its local or out-of-town trips
3. I hereby verify that the information of the physical form is correct and understand that any false information may result in my son/daughter being declared ineligible to participate.
4. Students found illegally enrolled out of their school attendance area could be ruled ineligible.
5. If any emergency medical procedures or treatments are required by the student, I consent to the supervisor(s) taking, arranging for, and consenting to the procedures for treatment in his/her discretion.

*We acknowledge that the student is subject to all the rules outlined in the Fayette County School System Student Code of Conduct. This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.*

_____ <i>*Signature(s) of Parent(s) or Guardian(s)</i>	_____ <i>Date</i>
_____ <i>*Signature of Student Athlete</i>	_____ <i>Date</i>

**INSURANCE INFORMATION**

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the \_\_\_\_\_ school year, then sign below:

\_\_\_\_\_ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in Interscholastic Athletics (including, but not limited to, Varsity and Junior Varsity Football).

Company Providing Insurance: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the Benefit Plan provided by the Fayette County School System.  
(A signed copy of this Benefit Plan should be stapled to this form.)

*We acknowledge that unless we purchase the Benefit Plan offered by the Fayette County School System, there is no other school district insurance to cover any injuries, losses or damages resulting from participation in these activities.*

_____ <i>*Signature(s) of Parent(s) or Guardian(s)</i>	_____ <i>Date</i>
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**FAYETTE COUNTY SCHOOL SYSTEM PERMISSION TO PARTICIPATE  
IN ATHLETIC/EXTRACURRICULAR SCHOOL SPONSORED TRIPS**

**CONSENT**

I hereby consent for \_\_\_\_\_, to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic athletic and/or intra-scholastic competitions. I understand that transportation may or may not be provided by the Fayette County School System. In the event transportation is not provided by the Fayette County School System, transportation will be the student's responsibility.

If any emergency medical procedures or treatment are required by the student during the trip. I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her direction.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Fayette County School System, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment.

Signatures of Parent(s) of guardian(s)	Date

**AUTHORIZATION**

In case of an emergency or accident on the school grounds or during any school activity involving my child, \_\_\_\_\_, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present and request otherwise or until I later request otherwise.

**My signature below attest that I have read, understand and concur with the information on this form, and that I give consent for my child to participate in the athletic programs as stated above.**

*Signature(s) of Parent(s) or Guardian(s)	Date
Relation to Student: (Please check one)	Phone (W) _____
Mother _____	Phone (H) _____
Father _____	
Other _____	