



**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 on all coaches (Certificate of Completion).

### **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** 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**

## **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**

- Graded return to play form will not begin until the athlete is asymptomatic
- 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 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 a 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.



# **Concussion Management Packet**

This packet has been assembled to aid our Athletes, Parents, Coaches, Athletic Trainers, Physicians and other medical professionals in management of sports related concussion.

**Florida State Statute Requires:** any youth 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 Doctor of Osteopathy (MD or DO).

- **Concussion Information Sheet** – this sheet should be completed and provided to the parent/guardian as an informational tool and to provide a checklist of observed symptoms. **DoPB Form**
- **Consent and Release Form** – A generic copy of the form completed by athlete and parent prior to participation in athletic activities. The official signed version should be on file in the individual school. **DoPB Form**
- **Initial Return to Participation Form** – Requires the AHCP to complete and date the initial return to activity progression may begin. This form must be signed by the AHCP. The athlete will return with this form to begin the supervised progression. Each phase of this plan must be completed under the supervision of an AHCP, Athletic Trainer or Coach and must be dated and initialed after each phase and signed once completed. This form is then returned to the treating AHCP for review and Certification.
- **Return to Competition Affidavit** - This form indicated the treating AHCP has certified the graded return to play protocol completed by the athlete and is authorizing return to competition. The specific date of return to competition must be listed and the form must be signed by the treating AHCP or team physician (MD or DO).
- **Student-Athlete Probable Head Injury Flow Chart**
- **Case Management and Care Coordination**– Roles and Responsibilities
- **Centers for Disease Control (CDC) Heads UP Materials**

# A FACT SHEET FOR High School Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

## WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

## What Should I Do If I Think I Have a Concussion?



**Report It.** Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

**Get Checked Out.** If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



### **Give Your Brain Time to Heal.**

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

## Why Should I Tell My Coach and Parent About My Symptoms?

- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

GOOD TEAMMATES KNOW:  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



[cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



# How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:



..... **Get a headache**



..... **Feel dizzy, sluggish, or foggy**



..... **Are bothered by light or noise**



..... **Have double or blurry vision**



..... **Vomit or feel sick to your stomach**



..... **Have trouble focusing or problems remembering**



..... **Feel more emotional or “down”**



..... **Feel confused**



..... **Have problems with sleep**

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

# How Can I Help My Team?



## **Protect Your Brain.**

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



## **Be a Team Player.**

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more,  
go to [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



# A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

## How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

### Symptoms Reported by Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

**GOOD TEAMMATES KNOW:  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



[cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)

# CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



**Plan ahead.** What do you want your teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously



## What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

**Teens** who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.

Revised January 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)





For official use only: Name of Athlete: _____ Sport/Season: _____ Date Received: _____
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## 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.*



Your Name  
has successfully completed

**Concussion in Sports -  
What You Need To Know**

**6/9/2010**  
Date of completion

State of completion

*Robert B. Gardner*  
NFHS Executive Director

Completion code

This course cannot be used for NFHS Coach Certification



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. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

Part 1: Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on page 5 of this "Consent and Release from Liability Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials, and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2: Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s).

List sport(s) exceptions here \_\_\_\_\_

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of and acknowledge that my child/ward knows of the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials, and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child's/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights here in.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S/WARD'S RIGHT AND YOUR RIGHT TO RECOVER FROM YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD/WARD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD/WARD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

E. I agree that in the event we/ I pursue litigation seeking injunctive relief or other legal action impacting my child/ward (individually) or my child's/ward's team participation in FHSAA State Series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my child's/ward's school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es).

My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000  
Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

My child/ward is covered by his/her school's activities medical base insurance plan

I have purchased supplemental football insurance through my child's/ward's school

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (only one parent/guardian signature is required)

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student signature is required)

Name of Student (printed) \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_



Florida High School Athletic Association  
**Consent and Release from Liability Certificate (Page 2 of 5)**

**EL3**  
 Revised 3/23

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School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

**Concussion Information**

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 cannot 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.

**Signs and Symptoms of a 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

**DANGERS if your child continues to play 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.

**Steps to take if you suspect your 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 healthcare professional (AHCP). In Florida, an appropriate healthcare professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes) or 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.

**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 stepwise protocol under the supervision of a licensed athletic trainer, coach, or medical professional and then receive written medical clearance from 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:**

Parents and student should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on an autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long-term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at [www.nfhslearn.com](http://www.nfhslearn.com). 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 or participation for myself and that of my child/ward.

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



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School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

**Sudden Cardiac Arrest Information**

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating. SCA can cause death if it is not treated within minutes.

**How common is sudden cardiac arrest in the United States?**

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student-athletes and the leading cause of death on school campuses.

**Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as but not limited to dizziness or light-headedness, fainting, shortness of breath, racing or skipped beats/palpitations, fatigue, weakness, chest pain/pressure or tightness. These symptoms may occur before, during, or after activity. These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

**What are the risks of practicing or playing after experiencing these symptoms?**

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

**FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest, which may include an electrocardiogram.**

The FHSAA Sports Medicine Advisory Committee works to help keep student-athletes safe while practicing or playing by providing education about SCA and by notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the annual preparticipation physical examination to possibly uncover hidden heart issues that can lead to SCA.

**Why do heart conditions that put youth at risk go undetected?**

- Publications report up to 90% of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth do not report or recognize symptoms of a potential heart condition.

**What is an electrocardiogram (ECG or EKG)?**

An ECG/EKG is a quick, painless, and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms, and legs by a technician. An ECG/EKG provides information about the structure, function, rate, and rhythm of the heart.

**Why request an ECG/EKG as part of the annual preparticipation physical examination?**

Adding an ECG/EKG to the history and annual preparticipation physical exam can suggest further testing or help identify heart conditions that can lead to SCA. An ECG/EKG can be ordered by your family healthcare provider from screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made and may prevent the student from participating in sports for short period of time until the testing is completed, and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents, and young athletes).
- ECG/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

**Removal from play/return to play**

Any student athlete who has signs or symptoms of SCA should be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity. Before returning to play, the athlete shall be evaluated and cleared. Clearance to return to play must be in writing. The evaluation shall be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at [www.nfhslearn.com](http://www.nfhslearn.com). I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Student (printed) \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_





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School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

Heat-Related Illness Information

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes 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 is not 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.

What are some common heat-related injuries in sports?

Exertional Heat Stroke (EHS): EHS is the most serious heat-related illness. EHS is a medical emergency. It happens when the body's temperature rises quickly, and the body cannot cool down. Student-athletes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the leading causes of death in young athletes, especially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post collapse and central nervous system (CNS) dysfunction. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize themselves with these by viewing the free video resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.

- EHS is preventable by taking the proper precautions and understanding the symptoms of someone who has become ill due to heat.
EHS is survivable when quick action is taken by staff members that includes early recognition of symptoms and aggressive cold-water immersion.

Heat Exhaustion (EH): Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EH is a type of heat-related illness. EH is defined as the inability to continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working organs and muscles. It usually develops after several days practicing or conditioning in high temperature weather and not drinking enough fluids.

Heat Cramps: Heat cramps are painful, involuntary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, and replacement of fluid and electrolytes. The exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by extensive dehydration and sodium losses or chronically via inadequate electrolytes in the athlete's diet. Although heat cramps are not a cause of sudden death, it can be confused with the more serious condition, exertional sickling.

Is my student at risk?

Yes, all student athletes are vulnerable to exertional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is reporting a high incidence of exertional heat stroke cases in football players, especially those who play the lineman position and in very lean distance runners. Research also states many reports of EHS emergencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

What is the FHSAA doing to keep my student safe?

The FHSAA has published Policy 41, titled "Exertional Heat Illness". This policy provides specific procedures for schools to educate student athletes and parents on EH as well as strategies to prevent these injuries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental monitoring, and the inclusion of cooling zones for the management of a student-athlete suffering from a heat injury.

How can I help to keep my student safe when it comes to the heat?

- Learn more about heat related injuries in sports at https://www.nfhs.org/media/1015695/ksi\_5\_pillars\_of\_exertional\_heat\_stroke\_prevention\_2015.pdf
Discuss nutrition, proper hydration, body weight, and the importance of sleep and rest with your family healthcare provider at the time of the sports physical
Talk to your school and coach about safeguards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured
Monitor fluid intake of your student while at home and routinely check in with your student-athlete to inquire about how they feel
Report any concerns with your school's athletic trainer, team physician, coach, or your family healthcare provider

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Heat Illness Prevention" course at www.nfhslearn.com. I acknowledge that the information on Heat-Related Illness has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date
Name of Student (printed) Signature of Student Date



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School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

## Attention Student and Parent(s)/Guardian(s)

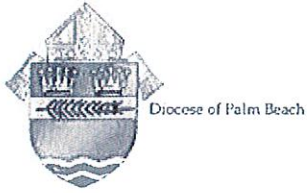
Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized and/or sanctioned sport, the student:

1. Must complete an EL3 for each school at which the student participates; **this form is non-transferable.**
2. Must display good sportsmanship and follow the rules of competition **before, during, and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
3. Must not provide **false information** to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1.1.2)
4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non member private school student, or a Florida Virtual School Full-Time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at the student is permitted to participate. **Home Education students and students attending a non-member private school must complete additional paperwork prior to participating.** (FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)
5. Must attend school within the **first ten (10) days** of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2.3)
6. Must maintain at least a **cumulative 2.0 GPA** on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. (FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)
7. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4.7)
8. Must not have enrolled in the 9th grade for the first time more than **eight consecutive semesters ago**. A 6th, 7th, or 8th grade student may not participate at any level if the student is **repeating** that grade level. (FHSAA Bylaw 9.5)
9. Must not turn **19 before July 1st** to participate at the high school level; must not turn **16 before July 1st** to participate at the junior high school level; and must not turn **15 before July 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
10. Must undergo a **preparticipation physical evaluation** and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. (FHSAA Bylaw 9.7 and F.S. 1002.20(17)b)
11. Must have **signed permission** to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. (FHSAA Bylaw 9.8)
12. Must be an **amateur**. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
13. Must not participate in an **all-star contest** in a sport prior to exhausting his/her high school eligibility in that sport. (FHSAA Policy 26)
14. Youth Exchange, Other International, and Immigrant students must be **approved** by the FHSAA Office prior to participation. Exceptions may apply. (FHSAA Policy 17)
15. Must refrain from **hazing/bullying** while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

**By signing this agreement, the undersigned acknowledge that the information on the Consent and Release from Liability Certificate in regard to the FHSAA's established rules and eligibility have been read and understood.**

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
Name of Student (printed)	Signature of Student	Date



## 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: \_\_\_\_\_



## Diocese of Palm Beach Schools Concussion Information Sheet

### Parent/Caregiver:

Your student athlete was removed from sports activity today after sustaining an injury to his/her head.

\_\_\_\_\_

Date	Location	Time
------	----------	------

Please read the information below to familiarize yourself with the recommendation we suggest following a brain injury (concussion).

### Concussion (Definition/Description)

A concussion is a serious injury to the brain resulting in a disturbance of brain function. You cannot see a concussion; however, you may be able to recognize the signs and symptoms your athlete may experience after sustaining a concussion.

By definition, a concussion is an injury to the brain that can cause both short-term and long-term problems.

**IMPORTANT:** please be aware that concussion symptoms may be delayed between 24-72 hours, therefore the totality of the injury may not be recognized for up to 3 days after the injury.

### Symptom Checklist (not meant to be all-inclusive)

Circle symptoms or complete the blank.

Headache	Feeling Foggy	Irritable Behavior	Sleep Changes
Nausea/Vomit	Light Sensitivity	Clumsy	Personality Changes
Balance Problems	Noise Sensitivity	Ringing in Ears	_____
Dizziness	Slurred Speech	Slow to Answer	_____
Blurry/Double Vision	Memory Problems	Stiffness in Neck	_____
Confusion	Loss of Consciousness		_____

Evaluated By:

\_\_\_\_\_

Name, Title/Position

\_\_\_\_\_

Phone Number

**CONCUSSION  
SIGNS AND SYMPTOMS  
Checklist**



Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* \_\_\_\_\_

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* \_\_\_\_\_

**DIRECTIONS:**

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, 15 minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a healthcare professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a healthcare professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

To download this checklist in Spanish, please visit [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP). Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP).

**OBSERVED SIGNS**

- Appears dazed or stunned
- Is confused about events
- Repeats questions
- Answers questions slowly
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

**PHYSICAL SYMPTOMS**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light
- Sensitivity to noise
- Numbness or tingling
- Does not "feel right"

**COGNITIVE SYMPTOMS**

- Difficulty thinking clearly
- Difficulty concentrating
- Difficulty remembering
- Feeling more slowed down than usual
- Feeling sluggish, hazy, foggy, or groggy

**EMOTIONAL SYMPTOMS**

- Irritable
- Sad
- More emotional than usual
- Nervous

**0  
MINUTES**

**15  
MINUTES**

**30  
MINUTES**

**MINUTES  
JUST PRIOR  
TO LEAVING**

### Danger signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

### Additional information about this checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

### Resolution of Injury:

- Student returned to class
- Student sent home
- Student referred to healthcare professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMMENTS:

Revised August 2019

To learn more,  
go to [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)





Florida High School Athletic Association

# Post Head Injury/Concussion Initial Return to Participation

(Page 1 of 2)

This form is to be completed by an appropriate health care provider (AHCP) trained in the latest concussion evaluation and management protocols as defined in FHSA policy 40.2 for any student athlete that has sustained a concussion and must be kept on file at the student athlete's school. The choice of AHCP remains the decision of the parent/guardian or responsible party of the student-athlete.

Athlete Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Injury Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sport: \_\_\_\_\_ School: \_\_\_\_\_ Level (Varsity, JV, etc.): \_\_\_\_\_

**I (treating physician) certify that the above listed athlete has been evaluated for a concussive head injury, and currently is/has:**  
**(All Boxes MUST be checked before proceeding)**

Asymptomatic  Normal neurological exam  
 Off medications related to this concussion  Returned to normal classroom activity  
 .....  
 Yes *or*  N/A Neuropsychological testing (as available) has returned to baseline

The athlete named above is cleared to begin a graded return to play protocol (outline below) under the supervision of a licensed athletic trainer, physical therapist, other health care professional as of the date indicated below. If the athlete experiences a return of any of his/ her concussion symptoms while attempting a graded return to play, the athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer or coach.

Physician Name: \_\_\_\_\_ Signature (MD/DO) \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

**Graded Return to Play Protocol**

Each step, beginning with step 2, should take at least 24 hours to complete. If the athlete experiences a return of any concussion symptoms, they must immediately stop activity, wait at least 24 hours or until asymptomatic, and drop back to the previous asymptomatic level. This protocol must be performed under supervision, as noted above. Please initial and date the box next to each completed step.

Once the athlete has completed full practice i.e., stage 5, please sign and date below and return this form (in-person, fax, or electronic as agreed upon with the treating physician) to the athlete's physician (MD/ DO) for review and request the physician complete the return to competition form for the athlete to resume full activity.

Rehabilitation stage	Functional exercise at each stage	Objective	Date completed	Initials
1. No Activity	Rest, physical and cognitive	Recovery	Noted above	Signed above
2. Light aerobic exercise	Walking, swimming, stationary bike, HR < 70% maximum, no weight training	Increased heart rate		
3. Sport-specific exercise	Non-contact drills	Add movement		
4. Non-contact training	Complex (non contact) drills/practice	Exercise, coordination and cognitive load		
5. Full contact practice	Full contact practice	Restore confidence and simulate game situations		
6. Return to full activity	Return to competition	<b>After completion of the steps above; Form AT18, Page 2 must be completed by physician (MD/DO) familiar with concussion management.</b>		

*I attest the above named athlete has completed the graded return to play protocol as dated above  
 This form is not valid until all boxes are complete, initialed, and signed.*

Supervising Healthcare Provider Name \_\_\_\_\_ License Number \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervising Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Athlete Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Reviewed:  
 \_\_\_\_\_



Florida High School Athletic Association

## Post Head Injury/Concussion Initial Return to Participation

(Page 2 of 2)

This form is to be completed by an appropriate health care provider (AHCP) trained in the latest concussion evaluation and management protocols as defined in FHSAA policy 40.2 for any student-athlete that has sustained a concussion and must be kept on file at the student-athlete's school. The choice of AHCP remains the decision of the parent/guardian or responsible party of the student-athlete. Completion of this form in itself does not guarantee playing time for the athlete.

### Return to Competition Certification

Student-Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Injury Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis: \_\_\_\_\_

School: \_\_\_\_\_

Sport: \_\_\_\_\_

- *Completing this form certifies that I have reviewed the FHSAA concussion protocols in place for graded return to play including the need for supervised progression as outlined on page 1 of this form. I attest that I have reviewed the signed graded return to activity protocol provided to me on behalf of the athlete named above. Further, I have reviewed the appropriate procedures for full return to competition with the student-athlete and parent including the risks associated with return to sport after a concussion.*

**SHOULD ANY CONCUSSION RELATED SYMPTOMS RETURN, THIS STUDENT-ATHLETE IS  
INSTRUCTED TO STOP PLAY IMMEDIATELY AND NOTIFY A PARENT, LICENSED ATHLETIC  
TRAINER OR COACH AND TO REFRAIN FROM ACTIVITY**

This athlete is cleared for a complete return to full-contact physical activity as of: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This date is published once athlete has fulfilled the FHSAA concussion protocol and is released from medical care*

Physician (MD/DO only) Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ License No.: \_\_\_\_\_

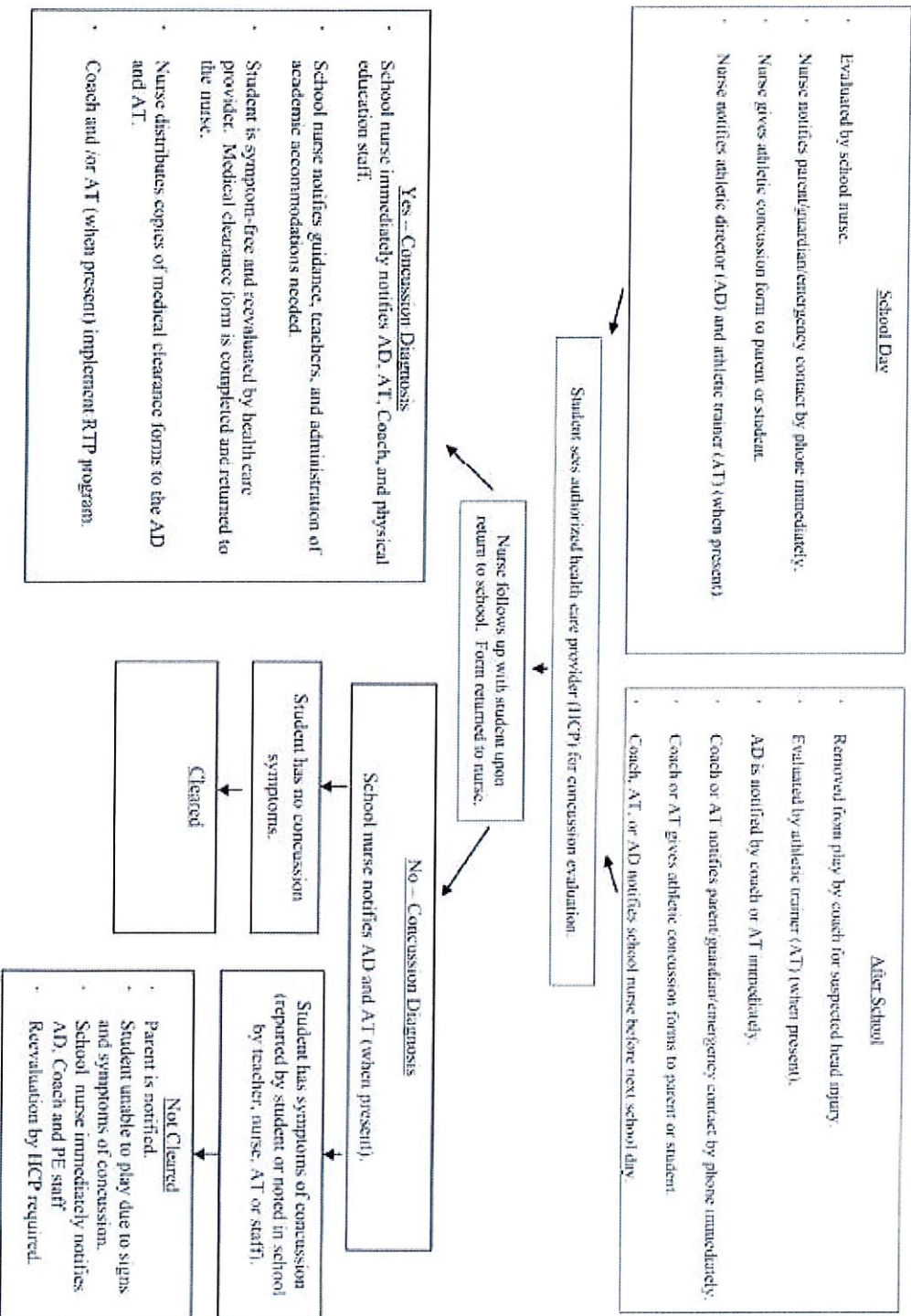
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This form is not valid until all fields are completed  
This form may be transmitted electronically*



## High School Student-Athlete Probable Head Injury Flow Chart



## Appropriate Educational Accommodations

Post-Concussion Effect	Functional School Problem	Accommodation/ Management Strategy
Attention/ Concentration	Short focus on lecture, class work, homework	Shorter assignments, break down tasks, lighter work load
"Working" Memory	Holding instructions in mind, reading comprehension, math calculation, writing	Repetition, written instructions, use of calculator, short reading passages
Memory Consolidation/ Retrieval	Retaining new information, accessing learned info when needed	Smaller chunks to learn, recognition cues
Processing Speed	Keep pace with work demand, process verbal information effectively	Extended time, slow down verbal info, comprehension-checking
Fatigue	Decreased arousal/ activation to engage basic attention, working memory	Rest breaks during classes, homework, and exams
Headaches	Interferes with concentration	Rest breaks
Light/Noise Sensitivity	Symptoms worsen in bright or loud environments	Wear sunglasses, seating away from bright sunlight or other light. Avoid noisy/ crowded environments such as lunchroom, assemblies, hallways.
Dizziness/Balance Problems	Unsteadiness when walking	Elevator pass, class transition prior to bell
Sleep Disturbance	Decreased arousal, shifted sleep schedule	Later start time, shortened day
Anxiety	Can interfere with concentration; Student may push through symptoms to prevent falling behind	Reassurance from teachers and team about accommodations; Workload reduction, alternate forms of testing
Depression/Withdrawal	Withdrawal from school or friends due to stigma or activity restrictions	Time built in for socialization
Cognitive Symptoms	Concentrating, learning	See specific cognitive accommodations above
Symptom Sensitivity	Symptoms worsen with <i>over</i> -activity, resulting in any of the above problems	Reduce cognitive or physical demands below symptom threshold; provide rest breaks; complete work in small increments until symptom threshold increases

Source: Sady, M.D., Vaughan, C.G. & Gioia, G.A. (2011) School and the Concussed Youth: Recommendations for Concussion Education and Management. *Physical Medicine and Rehabilitation Clinics of North America*. 22, 701-719. (pp.714)