

**VEAZIE COMMUNITY SCHOOL  
ATHLETIC PARTICIPATION & PARENTAL APPROVAL FORM**

Full Name of Student: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I will honor academic, athletic, and behavior policies of the Veazie Community School.

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

I give my consent for the above named student to: (1) participate in all Veazie Community School athletic activities, except those crossed out below by the physician. (2) accompany any school team, of which he/she is a member, on any of its local out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Address: \_\_\_\_\_  
(Street) (City/Town) (Zip)

**Physician's Statement**

I hereby certify that \_\_\_\_\_ is physically fit to engage in all Veazie  
(Student Name)

Community School sports except those crossed out below for the school year \_\_\_\_\_.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Baseball      Basketball      Softball      Soccer      Cross Country      Track & Field

**Insurance Coverage**

All interscholastic athletic participants are required to have an in-force health/accident insurance program approved by the school prior to and continuing throughout participation in interscholastic activities. Please list below the coverage for your son/daughter.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**NOTE: This form must be filled out completely and returned to the school before the student will be allowed to draw equipment, practice, or compete in interscholastic athletics.**

## VEAZIE COMMUNITY SCHOOL CONCUSSION INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. **Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports 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. If your student athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### **Symptoms may include one or more of the following:**

Headaches	Don’t feel right	“Pressure in head”	Fatigue/Low energy	Nausea or vomiting
Sadness	Neck pain	Nervousness/anxiety	Balance problems/ dizziness	
Irritability	More emotional	Confusion	Blurred, double or fuzzy vision	
Feeling sluggish or slow		Sensitivity to light or noise	Concentration or memory loss	

### **Signs observed by teammates, parents or coaches include:**

Appears dazed	Shows behavior or personality changes	Vacant facial expression
Can’t recall events prior to hit	Confused about assignment	Can’t recall events after hit
Forgets plays	Seizures or convulsions	Is unsure of opponents or game score
Moves clumsily	Any change in typical behavior or personality	

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

Athletes with the signs and symptoms of concussions should be removed from play immediately. Continuing to play with the signs and symptoms of concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating, and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, administrators of education, coaches, parents and students are the key for the student athlete’s safety.

### **If you think your child has suffered a concussion:**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear without medical clearance. Close observation of the athlete should continue for several hours. Veazie School Committee policy requires the consistent and uniform implementation of well-established return to play concussion guidelines that have been recommended for several years and reflected in Committee policy.

Any student suspected of having sustained a concussion or other head injury during a school sponsored athletic activity including but not limited to competition, practice or scrimmage, must be removed from the activity immediately.

No student will be permitted to return to the activity or to participate in any other school sponsored athletic activity on the day of the suspected concussion.

Any student who is suspected of having sustained a concussion or other head injury shall be prohibited from further participation in school sponsored athletic activities until he/she has been evaluated and received written medical clearance to do so from a licensed health care clinician who is qualified and trained in concussion management. You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game then miss the whole season, and "when in doubt the athlete sits out".

For current and up-to-date information on concussion, you can go to:

<http://www.cdc.gov/headsup/index.html>

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**VEAZIE COMMUNITY SCHOOL**

**MANAGEMENT OF CONCUSSIONS AND OTHER HEAD INJURIES**

I have read the Veazie Community School Concussion Information Sheet. I understand that nature and risk of concussions and head injuries, including the risk of continuing to play after concussion or head injury.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
(Student Athlete Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature) Date: \_\_\_\_\_

**\*This form is to be completed annually for all students participating in a school sponsored athletic activity and returned to the Coach/Athletic Director. Students are not to practice or play until this form as been completed and returned to the school**