OKALOOSA COUNTY SCHOOL DISTRICT

HIGH SCHOOL INTERSCHOLASTIC ATHLETICS PARENTAL PERMISSION, HOLD HARMLESS RELEASE, EMERGENCY MEDICAL AUTHORIZATION, AND AUTHORIZATION TO RELEASE INFORMATION

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN:

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF OKALOOSA COUNTY SCHOOL DISTRICT. ITS SCHOOL BOARD, ITS OFFICERS, EMPLOYEES, AGENTS, OR ASSIGNS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD 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 RIGHT AND YOUR RIGHT TO RECOVER FROM OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS OFFICERS, EMPLOYEES, AGENTS, OR ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY. INCLUDING DEATH TO YOUR CHILD 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 OKALOOSA COUNTY SCHOOL DISTRICT, ITS SCHOOL BOARD, ITS OFFICERS, EMPLOYEES, AGENTS, OR ASSIGNS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

*No student will be allowed to practice or participate in any organized interscholastic athletic activity until this document is signed, notarized, and returned to the school Athletic Department.

Student Name:		Grade:	Female/Male
Address:		Home Phone:	
City:	Zip:	Emergency Phone:	

PURPOSE: To provide (i) the consent of parents and/or guardians for students to participate in interscholastic activities of the School District; (ii) to provide a hold harmless and release of liability; (iii) to authorize the provision of emergency medical treatment for that student who may become ill or injured during such activities; and (iv) authorizing the release of protected health information.

PLEASE COMPLETE ALL PARTS:

PART I - PARENTAL/GUARDIAN PERMISSION, ACKNOWLEDGEMENT, HOLD HARMLESS, AND RELEASE

Α. herby grant permission for I. (Student Athlete) to participate at School during the school year, and I know of, and acknowledge that my child/ward knows of the risks involved in interscholastic athletic participation, and 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, Okaloosa County School District, its School Board, its officers, employees, agents, or assigns (the "Released Parties"), 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 Okaloosa County School District, its School Board, its officers, employees, agents, and assigns, because of any accident or mishap involving the athletic participation of my child/ward. As required by 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 the disclosure of my child's/ward's individually identifiable health information should treatment or illness or injury become necessary. I understand the Okaloosa County School District requires all students participating in interscholastic athletics be covered by a medical insurance policy providing minimum coverage of \$25,000 for medical expenses. I hereby certify that (Student Athlete) is covered by medical insurance providing at least \$25,000 for medical expenses. The name of our medical insurance company is which will cover this child in the event of an injury. I assume full responsibility and liability for any and all expenses connected with an injury and/or illness that is not naid by our insurance company or through Military benefits if this child is entitled to military privileges. I further certify I will notify the principal of the school this child is attending if there is any change in this insurance coverage, and I will purchase the student and/or football insurance offered at the school. (STUDENT AND/OR FOOTBALL INSURANCE MAY BE PURCHASED AT YOUR SCHOOL.)

- B. 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, and promotional and commercial materials without reservation or limitation. The Released Parties, however, are under no obligation to exercise said rights herein.
- C. I also herby grant permission for my child/ward to be transported by private automobile and/or School District authorized transportation during the school year in which this Release is effective to and from all interscholastic sports events.

PART II - EMERGENCY MEDICAL AUTHORIZATION:

In the event reasonable attempts to contact me at ________ (phone number) have been unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by _______ (preferred physician) or _______ (preferred dentist), or in the event the designated preferred practitioner is not available, by another physician or dentist and (2) the transfer and admission of the child to ________ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. I hereby authorize any treating physicians, including athletic trainers and team volunteer doctors to provide information to school officials regarding my child's medical condition or injuries. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted. (Please list medications, allergies, etc. or write none.)

*Medical providers may accept a photocopy of this signed authorization as if it were an original for all purposes.

PART III - AUTHORIZATION/CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby authorize the athletic trainers, sports medicine staff and other health care personnel representing

(Student Athlete) to release information regarding the Student Athlete's protected health information and related information regarding injury or illness during the student athlete's training for and participation in interscholastic sports at School. This protected health information may concern the Student Athlete's medical status, medical

conditions, injuries, prognosis, diagnosis, athlete's participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospitals and/or medical clinics and laboratories, Student Athlete's coaches, medical insurance coordinators, the school's Athletic Director and Principal, athletic and/or school administrators, chaplains and/or clergy members, and officials of Florida High School Athletic Conference. I also authorize the Student Athlete's coaches and other school staff to release protected health information to the athletic trainer, sports medicine staff and other health care personnel as identified above and to other health care professionals providing services to the Student Athlete. As the parent or guardian of the Student Athlete, I hereby confirm that I have signed this authorization/consent for the disclosure of the Student Athlete's protected health information voluntarily. I understand that my child's/ward's protected health information is protected by federal regulations under the Health Information Probability and Accountability Act (HIPAA) of the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I the parent/legal guardian understand that once protected health information is disclosed per authorization or consent, the information is subject to redisclosure and may no longer be protected by HIPAA and/or the Buckley Amendment. I, the parent/legal guardian understand that I may revoke this authorization/consent anytime by notifying in writing the school's athletic director, but if I do, it will not have any effect on the actions the Okaloosa County School District officials took in reliance on this authorization/consent prior to receiving the revocation. I understand that I may see and obtain a copy of all protected health information described on this form, for reasonable copy fee, if I ask for it. I further understand that I may request a copy of this form after I sign it. This authorization/consent expires one-year from the date signed.

I HAVE READ THE ABOVE AND AUTHORIZE THE DISCLOSURE AND RELEASE OF THE STUDENT ATHLETE'S PROTECTED HEALTH INFORMATION AS STATED.

Concussion & Heat Related Illness Information Release Form (EL3CH) must be signed along with this form <u>PRIOR TO</u> NOTARIZATION, and the terms and conditions of the EL3CH Form are considered incorporated into this authorization.

BY SIGNING BELOW, I VERIFY THAT I HAVE READ, REVIEWED, AND COMPLETED ALL THREE (3) PARTS OF THIS PERMISSION AND AUTHORIZATION FORM AND KNOW IT CONTAINS A HOLD HARMLESS RELEASE.

Date	Printed Name of Parent/Guardian	Signature of Parent/Guardian
STATE OF FLORIDA	A – COUNTY OF OKALOOSA	
	ent was acknowledged before me by means of phy 20, by	ysical presence oronline notarization, this day
(Notary Seal)	Sign	ature of Notary Public – State of Florida

Personally Known ____ OR Produced Identification ____ Type of Identification Produced: Name of Notary (Typed, Printed, or Stamped)



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent. This form is valid for 365 calendar days from the date signed below.



MEDICAL HISTORY FORM

Student's Full Name:	14 - 24000 - 14	Sex Assigned at Birth: Age: Date of Birth: /				
School:		Grade in School:	Sport(s):			
Home Address:	City/State:	Hor	me Phone: ()			
Name of Parent/Guardian:		-mail:				
Person to Contact in Case of Emergency:	R	elationship to Studer	nt:			
Emergency Contact Cell Phone: ()	Work Phone: ()	Other Phone: ()			
Family Healthcare Provider:	City/State:		Office Phone: ()			

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Expl	IERAL QUESTIONS ain "Yes" answers at the end of this form. e questions if you don't know the answer.	Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		Yes	No
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC),		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminerigc polymorphic ventricular tachycardia (CPVT)?		
7	Has a doctor ever told you that you have any heart problems?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This form is not considered valid unless all sections are complete.



Student's Full Name:

PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent. This form is valid for 365 calendar days from the date signed below.

Date of Birth: ___/ School:



Revised 3/23

BOI	NE AND JOINT QUESTIONS	Yes	No	ME	DICAL QUESTIONS (continued)	Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
ME	DICAL QUESTIONS	Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Exp	lain "Yes" answers here:		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			11 —			
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			11 —			
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?			—			
25	Have you ever had or do you have any problems with your eyes or vision?						

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name:	(printed) Student-Athlete Signature:	Date: / /
Parent/Guardian Name:	(printed) Parent/Guardian Signature:	Date: / /
Parent/Guardian Name:	(printed) Parent/Guardian Signature:	Date: / /

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PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent. This form is valid for 365 calendar days from the date signed below.



PHYSICAL EXAMINATION FORM

Student's Full Name	f	Date of Birth: _	/	/	School:	

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

 Do you feel stressed out or under a lot of pressure? 	Do you ever feel sad, hopeless, depressed, or anxious?
 Do you feel safe at your home or residence? 	During the past 30 days, did you use chewing tobacco, snuff, or dip?
 Do you drink alcohol or use any other drugs? 	 Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 Have you ever taken any supplements to help you gain or lose weight or improve your performance? 	P-

_

Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

EXAMINATION					
Height:	Weight:				
BP: / (/)	Pulse:	Vision: R 20/	L 20/	Corrected:	Yes No
MEDICAL - healthcare profes	sional shall initial each	assessment		NORMA	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, prolapse [MVP], and aortic insuff	, high-arched palate, pectus ex ficiency)	cavatum, arachnodactyl, hype	rlaxity, myopia, mitral	valve	
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing					
Lymph Nodes					
Heart Murmurs (auscultation standing, 	, auscultation supine, and Vals	alva maneuver)			
Lungs					
Abdomen					
 Skin Herpes Simplex Virus (HSV), lesic 	ons suggestive of Methicillin-Re	esistant Staphylococcus Aureu	s (MRSA), or tinea corp	poris	
Neurological					
MUSCULOSKELETAL - healthc	are professional shall i	nitial each assessment		NORMA	ABNORMAL FINDINGS
Neck		(P			
Back	1998 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -				
Shoulder and Arm					
Elbow and Forearm					
Wrist, Hand, and Fingers					
Hip and Thigh					
Клее					
Leg and Ankle					
Foot and Toes					
Functional Double-leg squat test, single-leg 	squat test, and box drop or ste	ep drop test			

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _			Date of Exam:	//
Address:	Phone: ()	E-mail:		
Signature of Healthcare Professional:		Credentials:	License #:	

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL This form is valid for 365 calendar days from the date signed below.



MEDICAL ELIGIBILITY FORM

Student Information (to be completed by s	tudent and parent) print legibly	nod at Disthe Asses Data of Distley (/				
School:	Sex Assig Grade in	Sex Assigned at Birth: Age: Date of Birth: / / Grade in School: Sport(s):				
Home Address:	City/State:	Home Phone: ()				
Name of Parent/Guardian:	E-mail:					
Person to Contact in Case of Emergency:	Relationship	o to Student:				
Emergency Contact Cell Phone: ()	Work Phone: ()	Other Phone: ()				
Family Healthcare Provider:	City/State:	Office Phone: ()				
Medically eligible for all sports without restriction	'n					
Medically eligible for all sports without restriction	n with recommendations for further evalua	tion or treatment of: (use additional sheet, if necessary)				
Medically eligible for only certain sports as listed	below:					
Not medically eligible for any sports	1.					
Recommendations: (use additional sheet, if necessary,	1					
the conclusion(s) listed above. A copy of the exa	am has been retained and can be acce	A EL2 Preparticipation Physical Evaluation and have provided ssed by the parent as requested. Any injury or other medical luated, diagnosed, and treated by an appropriate healthcare				
Name of Healthcare Professional (print or type):	·	Date: / /				
		Phone: ()				
		Credentials: License #:				
SHARED EMERGENCY INFORMATION - compl	eted at the time of assessment by pra	ctitioner and parent				
Check this box if there is no relevant medi participation in competitive sports.	cal history to share related to	Provider Stamp (if required by school)				
Medications: (use additional sheet, if necessary)						
List:						
Relevant medical history to be reviewed by athle		low, use additional sheet, if necessary) Drthopedic □ Surgical History □ Sickle Cell Trait □ Other				
Explain:						
Signature of Student:	Date:/Signature of Parent/	Guardian:Date://				
We hereby state, to the best of our knowledge the in	formation recorded on this form is complete	te and correct. We understand and acknowledge that we are hereby diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO),				
This form	is not considered valid unless all s	ections are complete.				

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PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL This form is valid for 365 calendar days from the date signed below.



This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by student and parent) print legibly

Student's Full Name:		Sex Assigned at Birth:	Age:	Date of Birth:	1 1
School:		Grade in School:			
Home Address:)	
Name of Parent/Guardian:		E-mail:			
Person to Contact in Case of Emergency:	R	elationship to Student:			
Emergency Contact Cell Phone: ()	Work Phone: ()	Other Pho	ine: ()	
Family Healthcare Provider:	City/State:		Office Pho	ne: ()	

Referred for:

___ Diagnosis: ___

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

Medically eligible for all sports without restriction as of the date signed below

Medically eligible for all sports without restriction after completion of the following treatment plan: (use additional sheet, if necessary)

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Further Recommendations: (use additional sheet, if necessary)

Name of Healthcare Professional (print or type):		Date: //	
Address:		Phone: ()	
Signature of Healthcare Professional:	Credentials:	License #:	

Provider Stamp (if required by school)



Florida High School Athletic Association Consent and Release from Liability Certificate (Page 1 of 5)

EL3 Revised 3/23

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, my school, the schools against which it competes, the school district, the context 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, 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 of 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 without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. <u>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.</u>

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 PROPOERTY 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 CONTEST OFFICIALS, AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD/WARD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. <u>lagree that, in the event we/l 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.</u>

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.

Policy Number:

G. <u>Please check the appropriate box(es)</u>:

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

Company

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)



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



Revised 3/23

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):

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 figitability
- 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. 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



Florida High School Athletic Association Consent and Release from Liability Certificate (Page 3 of 5)



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):

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SAC) 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 or 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.nghslearn.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	



Florida High School Athletic Association Consent and Release from Liability Certificate (Page 4 of 5)

Revised 3/23

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):

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 (EHI): Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EHI is a type of heatrelated illness. EHI 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 EHI 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 fo 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.nghslearn.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	_

Information on this form is credited to: https://ksi.uconn.edu/



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

Revised 3/23

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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)
- 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

OKALOOSA COUNTY SCHOOL DISTRICT STUDENT INTERVENTION SERVICES CONSENT FOR IMPACT NEUROCOGNITIVE TESTING AND RELEASE OF INFORMATION FOR ATHLETIC PARTICIPATION IN OKALOOSA COUNTY

PLEASE CHECK AND COMPLETE SECTION "A" OR "B" AND SIGN AT THE BOTTOM

_Section A

I give my permission for (name of child)_____

(Date of Birth)______to take the ImPACT Neurocognitive baseline concussion test administered by the Okaloosa School District system through any of its designated employees and/or approved volunteers. I give permission for my child to provide all the information requested necessary to complete the test. I understand that my child may need to be tested more than once, depending on the validity of the testing results.

I also understand that the test results of the ImPACT Neurocognitive test may be released to my child's guidance counselor and teachers, including Principals, Athletic Coaches and trainers, and nurses for the purpose of providing temporary academic and athletic modifications if necessary for concussion management. I also consent to the release of the ImPACT testing results to any Medical Physician, who in the treatment of my concussed child, submits a request for release of medical records complaint to State and Federal guidelines.

I understand that I may revoke this consent forNeurocognitive testing at any time; however, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality.

___Section B

I <u>do not</u> give my permission for (name of child)_____

(Date of Birth)______ to take the ImPACT Neurocognitive baseline concussion test administered by the Okaloosa School District system.

Parent(Guardian) Signature	Date
Student Signature	Date

HEADS * UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED	SIGNS OBSERVED BY
BY ATHLETE	PARENTS/GUARDIANS
 Headache or "pressure" in head Nausea or vomiting Balance problems or dizziness Double or blurry vision Sensitivity to light Sensitivity to noise Feeling sluggish, hazy, foggy, or groggy Concentration or memory problems Confusion Just "not feeling right" or "feeling down" 	 Appears dazed or stunned Is confused about assignment or position Forgets an instruction Is unsure of game, score, or opponent Moves clumsily Answers questions slowly Loses consciousness (even briefly) Shows mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet.
 So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS

CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion: Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

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

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

