



## PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.
2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
  - ☐ The signature must be hand-written. No signature stamps will be accepted.
  - ☐ The signature and license number must be affixed on page three (3).
  - ☐ The parent signatures must be affixed to the form on pages two (2) and five (5).
  - ☐ The student-athlete signature must be affixed to pages two (2) and five (5).
4. Distribution
  - ☐ History Form retained by Physician/Healthcare Provider
  - ☐ Examination Form and Consent and Release Form signed and returned to member school.

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

# PREPARTICIPATION PHYSICAL HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.



Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Date of examination: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). \_\_\_\_\_

Are your required vaccinations current? \_\_\_\_\_

## Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	Not at all	Several Days	Over half the days	Nearly every day
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

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle 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?					9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
2. Has a provider ever denied or restricted your participation in sports for any reason?					10. Have you ever had a seizure?				
3. Do you have any ongoing medical issues or recent illness?					<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>			Yes	No
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No			11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
4. Have you ever passed out or nearly passed out during or after exercise?					12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?					13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?									
7. Has a doctor ever told you that you have any heart problems?									
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.									

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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# PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ IHSAA Member School \_\_\_\_\_

## PHYSICIAN REMINDERS

### 1. 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?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the last 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 use any other appearance/performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?



### 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION									
Height		Weight		<input type="checkbox"/> Male <input type="checkbox"/> Female					
BP	/	(	/	)	Pulse	Vision	R 20/	L 20/	Corrected? Y N
MEDICAL								NORMAL	ABNORMAL FINDINGS
Appearance									
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)									
Eyes/ears/nose/throat									
• Pupils equal									
• Hearing									
Lymphnodes									
Heart									
• Murmurs (auscultation standing, supine, +/- Valsalva)									
• Location of point of maximal impulse (PMI)									
Pulses									
• Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Genitourinary (males only)									
Skin									
• MSV, lesions suggestive of MRSA, tinea corporis									
Neurologic									
MUSCULOSKELETAL									
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS				
Neck			Knee						
Back			Leg/ankle						
Shoulder/arm			Foot/toes						
Elbow/forearm			Functional						
Wrist/hand/fingers			• Duck-walk, single leg hop						
Hip/thigh									

☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared ☐ Pending further evaluation ☐ For any sports

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_

Signature of Health Care Professional \_\_\_\_\_, MD, DO, PA, or NP (Circle one)

## INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

**ATTENTION ATHLETE:** Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
  - ... unless you are entering the ninth grade for the first time.
  - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
  - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

***This is only a brief summary of the eligibility rules.***

***You may access the IHSAA Eligibility Rules (By-Laws) at [www.ihsaa.org](http://www.ihsaa.org)***

***Please contact your school officials for further information and before participating outside your school.***

*(Consent & Release Certificate - on back or next page)*

# PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



## I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (next page or on the back) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, illness and even death, is a possible result of 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, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)**

Date: \_\_\_\_\_ Student Signature: (X) \_\_\_\_\_  
Printed: \_\_\_\_\_

## II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participation in the following interschool sports **not marked out:**  
**Boys Sports:** Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.  
**Girls Sports:** Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.  
Unified Sports: Unified Flag Football, Unified Track & Field
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, illness and even death, is a possible result of such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**

- ☐ The student has adequate family insurance coverage. ☐ The student does not have insurance  
☐ The student has football insurance through school.

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

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.**

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: \_\_\_\_\_ Parent/Guardian/Emancipated Student Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

## CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.  
9150 North Meridian St., P.O. Box 40650  
Indianapolis, IN 46240-0650

**File In Office of the Principal**  
**Separate Form Required for Each School Year**



**CONCUSSION and SUDDEN CARDIAC ARREST  
ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport Participating In (Current and Potential): \_\_\_\_\_

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

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

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As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

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(Signature of Student Athlete)

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(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

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(Signature of Parent or Guardian)

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(Date)



## **AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION**

I hereby authorize Beacon Orthopaedics & Sports Medicine, Ltd. to release and disclose personal health information of ("Student"), as described below, to LAWRENCEBURG COMMUNITY SCHOOL CORPORATION ("School").

The information described below may be released to the School athletic director, coach, certified athletic trainers, Brandie Gausling and Jordan Thomas employees of Beacon Orthopaedics or appropriate Beacon Orthopaedic representative, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including interscholastic sports programs.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored activities, and that the School is a not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to:

**ANDY BLANKEMEYER  
CHIEF EXECUTIVE OFFICER  
BEACON ORTHOPAEDICS & SPORTS MEDICINE  
600 E-BUSINESS WAY  
CINCINNATI, OH 45241**

**I REFUSE TO SIGN THE FORM.**

**PLEASE NOTE: THIS AUTHORIZATION IS VALID FROM AUGUST 1, 2022 TO JULY 31, 2023**

**NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.**

**STUDENT'S SIGNATURE** \_\_\_\_\_

**BIRTH DATE OF STUDENT, INCLUDING YEAR** \_\_\_\_\_

**NAME OF STUDENT'S PERSONAL REPRESENTATIVE:** \_\_\_\_\_ **I am the**  
**Student's (check one):** \_\_\_\_\_ **Parent** \_\_\_\_\_ **Legal Guardian (documentation must be provided)**

**Signature of Student's personal representative, if applicable** \_\_\_\_\_

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



# HEADS\*UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

### Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

### What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

### What should I do if I think I have a concussion?

**DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

**GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

**TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

### How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If you think you have a concussion:**

**Don't hide it. Report it. Take time to recover.**

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

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



# 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 BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> <li>• Headache or “pressure” in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just “not feeling right” or “feeling down”</li> </ul>	<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> </ul>

#### 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](http://www.cdc.gov/Concussion).



# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Students*

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### **FACTS**

Sudden cardiac arrest (SCA) is a rare but tragic event that claims the lives of approximately 7,000 children each year in the United States, according to the American Heart Association. SCA is not a heart attack. It is an abnormality in the heart's electrical system that abruptly stops the heartbeat. SCA affects all students, in all sports or activities, and in all age levels. It may even occur in athletes who are in peak shape. The majority of activity-related cardiac arrests are due to congenital (inherited) heart defects. However, SCA may also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once SCA occurs, there is very little time to save the person. So, identifying those at risk before the arrest occurs is a key factor in prevention.

### **WARNING SIGNS**

Possible warning signs of SCA include:

- Fainting
- Difficulty Breathing
- Chest Discomfort or Pain
- Dizziness
- Abnormal Racing Heart Rate

### **ASSESSING RISK**

Health care providers may use several tests to help detect risk factors for SCA. One such test is the electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG. ECG's are used as a screening tool to detect abnormalities before a person has symptoms, or as a diagnostic tool to help identify persons who would benefit from interventions to reduce the risk of a heart-related condition.

*Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board (May 2021)*

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

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automated external defibrillator (AED) is deployed in a timely manner, survival rates approach 50%.

### **How am I able to protect myself from SCA?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of SCA (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of feeling faint, shortness of breath, chest discomfort, dizziness, or racing or irregular heart rate, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications, energy drinks, or vaping can increase your risk
- Being honest and reporting symptoms

### **What should I do if I notice the warning signs that may lead to SCA?**

1. *Tell an adult – your parent, your coach, your athletic trainer, your band leader, or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

# SUDDEN CARDIAC ARREST

## A Fact Sheet for Parents

### FACTS

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### ASSESSING RISK

Health care providers may use several tests to help detect risk factors for SCA. One such test is an electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG test. ECG's are able to detect a majority of heart conditions more effectively than a physical exam and health history alone.

### What are the risks of practicing or playing after experiencing warning symptoms?

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automatic defibrillator (AED) is deployed in a timely manner, survival rates approach 50%.

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### How can I help prevent my child from experiencing SCA?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist students prevent death from SCA by:

- Ensuring your child knows about any family history of SCA (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition have automated external defibrillators (AED's) that are close by and properly maintained
- Asking if your child's coach is CPR/AED certified
- Becoming CPR/AED certified yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications, energy drinks, or vaping increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### What should I do if I think my child has warning signs that may lead to SCA?

1. Tell your child's coach or band leader about any previous events or family history
2. Keep your child out of play or band
3. Seek medical attention right away

### What are the survival steps for sudden cardiac arrest?

- Immediate activation of EMS
- Early CPR with an emphasis on chest compressions
- Immediate use of the onsite AED
- Integrated post-cardiac arrest care