

# CONCUSSION IN SPORTS

## Concussions



A FACT SHEET FOR LEMOORE UNION ELEMENTARY SCHOOL DISTRICT ATHLETES AND PARENTS

What is a concussion?

A concussion is a brain injury that:

- ✓ Is caused by a bump, blow or jolt to the head or body.
- ✓ Is always serious and can change the way your brain normally works.
- ✓ Can occur during practices or games in any sport or recreational activity.
- ✓ Can happen even if you haven't been knocked out.
- ✓ Can be serious even if you've just been "dinged" or "had your bell rung."

What are the signs and symptoms?

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<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 opponents</li> <li>• Moves clumsily</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul>	<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 or 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>

❖ **Tell the coach and school nurse.** They need to know if you suspect a concussion. They also need to know if there has been a previous concussion.

❖ **Seek medical attention.** A health care professional experienced in evaluating concussions will be able to diagnose and treat a concussion and determine when it is safe to return to play. You cannot return to a Lemoore Union Elementary School District activity until a qualified medical provider indicates it is safe to do so.

❖ **Stay out of play and recover.** A brain with a concussion needs time to heal. While a brain is still healing, there is a greater chance of increased problems with a repeat injury. Repeat concussions can slow recovery and increase the likelihood of long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage and even death.

❖ **Tell your principal and teachers.** A concussion can impact a student's ability to do school work and other activities, such as computer use, studying, driving or exercising. If needed, your teachers and school nurse can help adjust school activities during the recovery period.

### Preventing Concussion:

While each sport is different, there are steps every athlete can take.

- ✓ Use the proper sports equipment. Wear the right equipment for the game or position, make sure it fits and wear it correctly.
- ✓ Follow the coach's rules for safety and the rules of the sport.
- ✓ Practice good sportsmanship at all times.

What to do if you suspect a concussion:

**CONCUSSION IN SPORTS  
PARENT/STUDENT ACKNOWLEDGMENT AND CONSENT**

*The Lemoore Union Elementary School District requires that each athlete, and each athlete's parent/guardian, receive a copy of its fact sheet entitled "CONCUSSION IN SPORTS, A FACT SHEET FOR Lemoore Union Elementary School District ATHLETES AND PARENTS. This fact sheet sets forth a description of the nature and risks of concussion*

*Parents and athletes, should review the Fact Sheet, discuss it at home, and direct any questions to the coach, school nurse or site principal.*

*Parents and athletes need to annually acknowledge receipt of "CONCUSSION IN SPORTS, A FACT SHEET FOR LEMOORE UNION ELEMENTARY SCHOOL DISTRICT ATHLETES AND PARENTS" prior to trying out for sports teams.*



**STUDENT ACKNOWLEDGEMENT (Required for all athletes)**

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF "CONCUSSION IN SPORTS, A FACT SHEET FOR LEMOORE UNION ELEMENTARY SCHOOL DISTRICT ATHLETES AND PARENTS," and understand its contents.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**PARENT/GUARDIAN ACKNOWLEDGEMENT**

Parent/guardian signature is required for all athletes under 18 years of age.

I acknowledge that I have received a copy of "CONCUSSION IN SPORTS, A FACT SHEET FOR LEMOORE UNION ELEMENTARY SCHOOL DISTRICT ATHLETES AND PARENTS," and understand its contents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Keep Their Heart in the Game

## Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

**What is sudden cardiac arrest?** Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. 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 victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

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

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

### What should you do if your student-athlete is experiencing symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a physician, surgeon, nurse practitioner or physician assistant. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

**FAINTING  
is the  
#1 SYMPTOM  
OF A HEART CONDITION**

## Recognize the Signs & Risk Factors

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

## Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Recognition of Sudden Cardiac Arrest



Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

### Call 9-1-1



Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

### Hands-Only CPR



Begin CPR immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

### Defibrillation



Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

### Advanced Care



Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

# Keep Their Heart in the Game

## Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

### What is an AED?



An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

### What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new protocol to incorporate SCA prevention strategies into my/my student's sports program or activity.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

### For more information about Sudden Cardiac Arrest visit

California Department  
of Education  
[cde.ca.gov](http://cde.ca.gov)

Eric Paredes Save  
A Life Foundation  
[epsavealife.org](http://epsavealife.org)

California Interscholastic  
Federation (CIF)  
[cifstate.org](http://cifstate.org)

National Federation of High Schools Free  
20-Min. Training Video For Coaches, Parents or  
Anyone Involved in Student Sports Activities  
[nfhslearn.com/courses/61032](http://nfhslearn.com/courses/61032)





**LEMOORE UNION ELEMENTARY SCHOOL DISTRICT  
ATHLETIC PARTICIPATION PERMIT/ATHLETIC UNIFORM LOAN AGREEMENT**

<b>SCHOOL:</b>	<input type="checkbox"/> CINNAMON	<input type="checkbox"/> LEMOORE	<input type="checkbox"/> LIBERTY
	<input type="checkbox"/> ENGVALL	<input type="checkbox"/> MEADOW LANE	<input type="checkbox"/> UNIVERSITY CHARTER

**SCHOOL/SPORT OR ACTIVITY:**

**PARENT/GUARDIAN AUTHORIZATION**

*My son/daughter has my permission to participate in and travel to events as a competitor on the activity/sport described above.*

**NAME OF STUDENT:**

PRINTED NAME OF PARENT/GUARDIAN	CELL PHONE #	HOME PHONE #	WORK PHONE #
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SIGNATURE OF PARENT/GUARDIAN	DATE
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**IMPORTANT NOTICE:** California Law provides as follows: *"All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."* (Education Code §35330).

**EMERGENCY ACTION**

In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.**

PHYSICIAN'S NAME	PHONE #
MEDICAL INSURANCE CARRIER	POLICY/ID#

My son/daughter has an injury/physical condition that should be watched?  YES  NO

If yes, please describe:

\_\_\_\_\_

(A doctor's release is required for athlete to resume after any injury.)

**ATHLETIC UNIFORM LOAN AGREEMENT**

<b>DATE UNIFORM CHECKED OUT:</b>	<b>COST OF UNIFORM:</b>
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We promise to return this uniform at the close of the season in the same condition (with normal wear and tear) as we received it at the beginning of the season. In case we lose or damage the uniform, we will pay for the full amount of replacement. This amount will be determined through the site Athletic Director.

SIGNATURE OF PARENT/GUARDIAN	DATE
SIGNATURE OF STUDENT	DATE



**LEMOORE UNION ELEMENTARY SCHOOL DISTRICT  
 PERMISO DE PARTICIPACIÓN DEPORTIVA /  
 CONTRATO DE PRÉSTAMO UNIFORME DE ATLETISMO**

<b>ESCUELA:</b>	<input type="checkbox"/> CINNAMON	<input type="checkbox"/> LEMOORE	<input type="checkbox"/> LIBERTY
	<input type="checkbox"/> ENGVALL	<input type="checkbox"/> MEADOW LANE	<input type="checkbox"/> UNIVERSITY CHARTER

**DEPORTE DE ESCUELA O ACTIVIDAD:**

**AUTORIZACION DE PADRE/GUARDIAN**

*MI HIJO/HIJA TIENE MI PERMISO PARA PARTICIPAR EN LA ACTIVIDAD/DEPORTE MENCIONADO ARRIBA.*

**NOMBRE DEL ESTUDIANTE:**

<b>NOMBRE DEL PADRE/GUARDIAN ESCRITO</b>	<b>NUMBER DE CELLULAR #</b>	<b>NUMERO DE CASA #</b>	<b>NUMERO DE TRABAJO #</b>

<b>FIRMA DE DEL PADRE/GUARDIAN</b>	<b>FECHA</b>

**AVISO IMPORTANTE:** *La ley de California establece lo siguiente : " Todas las personas que efectúen el viaje o excursión se considerará que ha renunciado a todo reclamo contra el Distrito o el Estado de California por lesión, accidente , enfermedad o muerte que ocurra durante o por razón de la visita de campo o excursión" ( Código de Educación §35330 .*

**ACCION DE EMERGENCIA**

En el caso de un accidente u otra emergencia cuando un padre / guardián no está disponible, por la presente autorizo a un representante de la escuela para hacer los arreglos que él / ella considera necesario para que mi hijo reciba atención médica u hospitalaria, incluyendo el transporte necesario. Bajo tales circunstancias, yo autorizo al médico nombrado abajo para encargarse de su cuidado y tratamiento de mi hijo como él / ella considere necesarias. En el evento, dijo el médico no está disponible en cualquier momento, autorizo a dicha atención y el tratamiento a seguir por cualquier médico o cirujano. PADRE /GUARDIAN TOTALMENTE ENTIENDE EL / ELLA ES RESPONSABLE DE PAGAR TODOS LOS GASTOS COMO CONSECUENCIA DE LO ANTERIOR.

<b>NOMBRE DEL MEDICO</b>	<b>TELEFONA #</b>
<b>PORTADOR DE SEGURO MEDICO</b>	<b>POLICY/ID#</b>

My hijo/hija tiene lesión/condición física que deben ser cuidados?  SI  NO

Si sí, por favor describa:

\_\_\_\_\_

(El lanzamiento del doctor se requiere para que el atleta resuma después de cualquier lesión.)

**ATHLETIC UNIFORM LOAN AGREEMENT**

<b>FECHA EN CUAL EL UNIFORME ES PRESTADO:</b>	<b>COSTO DEL UNIFORME:</b>

Nos comprometemos a devolver este uniforme en el cierre de la temporada de la misma forma (con uso normal) como lo recibimos al principio de la temporada. En caso de pérdida o deterioro del uniforme, pagaremos por el importe total del coste uniforme. Esta cantidad será determinada aunque el sitio Director de Deportes.

<b>FIRMA DE DEL PADRE/GUARDIAN</b>	<b>FECHA</b>

<b>FIRMA DE DEL ESTUDIANTE</b>	<b>FECHA</b>