

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- 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
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

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

PARENTS: PLEASE SIGN THE ATTACHED PARENT PERMISSION FORM AND RETURN TO THE SCHOOL. KEEP THE “HEADS UP: Concussions in High School Sports” INFORMATION SHEET AT HOME IN AN IMPORTANT PLACE FOR YOUR REFERENCE.

PARTICIPANT'S NAME _____

GRADE: _____

ATHLETE / PARENT - GUARDIAN

Informed Consent Sheet

We certify that we have read and understand the cautions, considerations and responsibilities required for participation in the following programs. (PLEASE CIRCLE ALL THE ACTIVITIES THIS STUDENT WILL BE PARTICIPATING IN DURING THE CURRENT SCHOOL YEAR.)

Football—Volleyball—Cross Country—Girls Basketball—Boys Basketball—Wrestling—Girls Track—Boys Track—Girls Golf—Boys Golf—Girls Tennis—Boys Tennis—Baseball—Softball—Football Cheerleader—Basketball Cheerleader—Wrestling Cheerleader—Dance Team—GC Jazz—Marching Band—Drama

I also am aware the participation in all sports or activities on rare occasions can lead to serious, perhaps catastrophic injury or death. Being aware of this fact I give my son/daughter permission to participate in athletics/activities at GRUNDY CENTER JR-SR HIGH SCHOOL.

This application to compete in interscholastic athletics/activities for the above school is entirely voluntary on my part. I also give permission for the team physician to give treatment at an athletic/activity event for any injury.

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

WE HAVE RECEIVED THE INFORMATION PROVIDED ON THE CONCUSSION FACT SHEET TITLED, "HEADS UP: Concussion in High School Sports."

WE HAVE OUR OWN PERSONAL ACCIDENT OR MEDICAL INSURANCE WHICH WILL COVER THE ABOVE NAMED PARTICIPANT IN THE EVENT OF AN INJURY WHILE PARTICIPATING IN GRUNDY CENTER COMMUNITY SCHOOL ACTIVITIES.

Athlete Signature

Date

Parent/Guardian Signature

Date

This sheet is to be **returned** to the High School Office **PRIOR** to the start of the fall activities.

If this participant is in the ninth grade and will be playing football please complete this side of the sheet.

PARTICIPANT'S NAME _____

GRADE: _____

**CONSENT FORM
NINTH GRADE PARTICIPATION IN VARSITY FOOTBALL**

The official school participation rules allow ninth grade students to participate with the varsity in practice and to play on the varsity team only with the written consent of the parents or guardian.

This is to certify I (we) understand the rules and hereby give my (our) consent for _____ to participate in practice and in interscholastic games with the varsity squad.

Date _____ Signature _____

Date _____ Signature _____

This form must be signed and returned to the Activities Director. Both parents should sign where applicable. Your son will not be allowed to participate with the varsity until this form is signed and properly filed.

This section is to be completed by the player.

FOOTBALL HELMET WAIVER

Date _____

I have read, and the coaches have explained the helmet warning. I understand that it is my responsibility to report any damage or defects in my helmet to the coaching staff. I also understand that a helmet should not be used to butt, ram or spear an opposing player. This is in violation of the football rues and can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. Inspect your helmet prior to each usage.

NO HELMET CAN PREVENT ALL INJURIES

Athlete's signature _____

The sticker shown below must be displayed on the outside of the helmet **at all times.**

(OVER)