

Fairfield-Suisun Unified School District

CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:		Address:	
Grade:		Telephone:	
School:	School Year:	DOB:	

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician’s assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling “slow,” “foggy,” or “not right,” difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____ Dated: _____
Student _____ Parent/Guardian _____
Signature _____ Signature _____

Fairfield-Suisun Unified School District

CONCUSSION AND HEAD INJURY AND SERIOUS INJURY REPORT FORM

Student:	School:
Grade:	Sport:
Date of Incident:	Coach:

Concussions and Head Injuries

On _____, the Student listed above was involved in the following incident

that may have resulted in him/her suffering a concussion or head injury As a result, the Student was immediately withdrawn from further participation in the listed Sport and will not be allowed to return to practice or participation until a satisfactory medical clearance is provided to the District, which must be provided on the Medical Clearance Form contained on the back of this form.

We urge you to seek prompt medical review and attention, particularly if the Student shows any signs of a concussion or head injury (including headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep).

Other Serious Injuries

On _____, the Student listed above was involved in the following incident

that resulted in an injury considered serious by one or more of the supervising adults. As a result, the Student was immediately withdrawn from further participation in the listed Sport and will not be allowed to return to practice or participation until a satisfactory medical clearance is provided to the District, which must be provided on the Medical Clearance Form contained on the back of this form.

We urge you to seek prompt medical review and attention by a medical care provider trained to manage this type of injury.

Dated: _____

Printed Named of Coach/Supervising Adult: _____

Signature _____

CONCUSSION AND HEAD INJURY AND SERIOUS INJURY MEDICAL CLEARANCE FORM

PART 1 (COMPLETED BY A PARENT OR LEGAL GUARDIAN)		
LAST NAME	FIRST NAME	
BIRTHDATE	STUDENT ID NUMBER	
<p>1. Date of last complete physical examination: _____ Performing Physician/Regular Physician: _____</p> <p>2. Has the Student been seen by any health care provided on an emergency or urgent basis in the last 12-months? ___No ___Yes</p> <p>3. Has the Student suffered headaches, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). ___No ___Yes</p> <p>4. Has the Student suffered from any other symptom, condition, or injury that has, or might, impact his/her ability to safely participate in sports? ___No ___Yes</p> <p>5. Are you aware of any reason why the Student cannot presently participate safely in athletic training or activity and/or should not receive a full medical clearance to return to athletic activity? ___No ___Yes</p> <p><i>Explain all "YES" answers, also describing any other fact that should be disclosed prior to the examination):</i></p> 		
<p>PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Concussion and Head Injury and Serious Injury Medical Clearance Evaluation. I must provide an appropriately executed medical clearance to the District before the Student can potentially return to athletic practice or participation. The information above is true and correct to the best of my knowledge.</p>		
PRINT NAME OF PARENT OR GUARDIAN	SIGNATURE OF PARENT OR GUARDIAN	
ADDRESS	WORK PHONE	HOME PHONE
PART 2 – MEDICAL EVALUATION (COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)		
<p>By law, post-concussion/head injury releases must be conducted by a MD/DO, who must represent on the release that they (1) have completed the required concussion training and (2) regularly practice in this medical specialty. <i>Ed. Code Section 49475.</i></p> <p>By signing this Form, the MD/DO represents that they comply with this law.</p> <p>MDs, Dos, P.A.s and N.P.'s may perform Serious Injury Medical Release Evaluations</p>		
	Normal	Abnormal (Describe)
<p>General Evaluation: Eyes/Ears/Nose/Throat/Skin/ Heart, Lungs, Pulmonary Function/ Abdomen/ Musculoskeletal</p> <p>Neurologic Screening Exam (NSE)</p> <p>Concussion/Head Injury Evaluation</p>		
<p>Release Determination</p> <p><input type="checkbox"/> Unlimited participation</p> <p><input type="checkbox"/> Limited participation/specific sports, events or activities (Describe in Comments Section)</p> <p><input type="checkbox"/> Clearance withheld pending further testing/evaluation</p> <p><input type="checkbox"/> No athletic participation</p> <p>One of the above MUST be checked.</p>		
Comments:		
PRINT NAME OF PHYSICIAN		

CONCUSSION

A Fact Sheet for Parents/Guardians

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

CIF Bylaw 313 – Play It Safer

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- "Don't feel right."
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

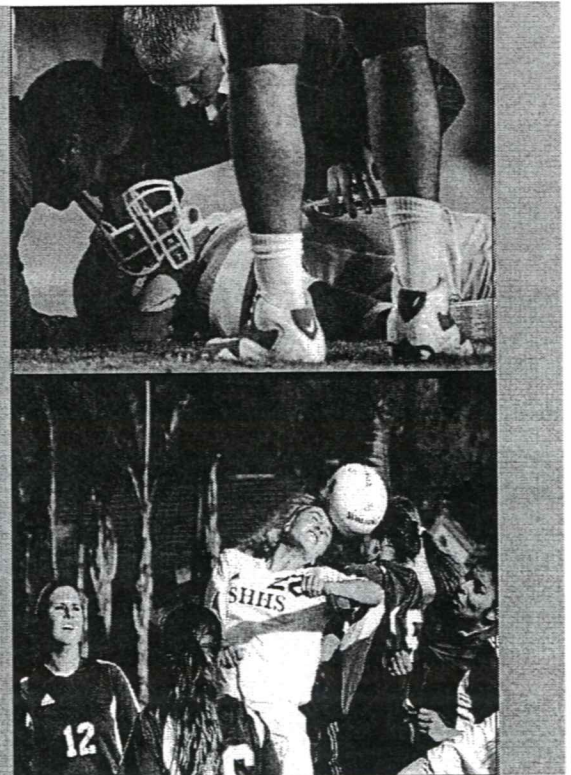
Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT CAN HAPPEN IF MY CHILD KEEPS ON PLAYING WITH A CONCUSSION OR RETURNS TOO SOON?

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

WHAT YOU SHOULD DO IF YOU THINK YOUR CHILD HAS SUFFERED A CONCUSSION

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. Close observation of the athlete should continue for several hours. The new "CIF Bylaw 313" now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student-athletes.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**



For more information and resources, visit www.cifstate.org/health_safety/ & www.cdc.gov/concussion.

