

Student Name _____ Date _____

Purpose:

Participation in athletics in Allegany County Public Schools is a privilege. The participant comprises much of the visible student leadership in our schools; therefore, the participant must accept the responsibility of projecting a positive image to younger students and the greater community as a representative of his/her school.

I. Rules of Conduct:

Violations of the following rules of proscribed conduct will result in disciplinary action:

- A. Misconduct on school property or at a school sponsored function which also results in the athlete being charged with a Reportable Offense(s) in accordance with Annotated Code § 7-303 and COMAR 13A.08.01.17.
- B. Possession, use or showing evidence of use, sale, or distribution of proscribed substances as defined in JICH (unless documentation on file that a student may self carry)
- C. Insubordination or use of profanity to any faculty member, school administrator, coach, advisor, or game official
- D. Flagrant misconduct and misbehavior in school
- E. Misbehavior or misconduct in the community
- F. Absences from school, or tardiness to school, announced meetings, activities, practices, etc. in accordance with school and/or team rules

II. Consequences

An athlete who has been suspended or expelled from school shall be prohibited from participating in athletics during the period of suspension or expulsion. Such athlete shall also be prohibited from participating in athletics for remainder of the season in which the infraction occurred if such infraction constitutes a violation of A or B. If mitigating circumstances exist for A or B, the administrator may impose disciplinary action ranging from a suspension for 20% of the seasonal remaining games to dismissal from the team. The student will be required to practice when a lesser penalty is applied. If the athlete violates provision B above the athlete must present a negative drug screening to the principal prior to returning to the team.

Violations of rules of conduct C through F will result in disciplinary actions ranging from a conference to a suspension and/or dismissal from the team for the remainder of the season. The principal, in collaboration with the coach/advisor, shall make the decision on the disciplinary action based upon the best interests of the school, the school system, the perception of the school in the community, and the desire to promote high standards of discipline in the athletic program.

III. Minimum Academic Standards

- A. Eligibility for a marking period shall be determined by the student's grades for the most recently completed marking period. Academic eligibility is determined by adding the number of quality points earned in the marking period immediately prior to the given sports season and dividing by the number of courses attempted by the student.
- B. Students must achieve a minimum grade point average of 2.0.
- C. All new 9th grade students are eligible to participate in the first quarter of 9th grade.

IV. Health and Safety

- A. Documentation of a physical must be on file as a condition of participation. A form can be obtained at www.acpsmd.org (See Exhibit JJIC-E-1-3).
- B. Any athlete exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall:
 - 1. Immediately be removed from the contest and shall not return to play until cleared by an appropriate health-care professional.
 - 2. Seek medical attention from a health care provider experienced in evaluating possible concussions;
 - 3. Submit a return to play form to coach and school.
- C. Any athlete who exhibits signs of skin infections (signs of infection include redness, warmth, swelling, pain and/or drainage) shall:
 - 1. Immediately be removed from practice or contest and shall not return to play until cleared by an appropriate health-care professional.
 - 2. Seek medical attention from a health-care provider experienced in evaluating the infection.
 - 3. Submit a return to play form to coach and school.

V. Ejection/Disqualification

An athlete who is ejected/disqualified from a contest by a game official for unacceptable behavior, before, during or after a contest is suspended from participation in the next contest. An ejected/disqualified player may remain on the sideline for the duration of that contest or be sent to a secure and safe area under the supervision of a coach or staff member. For the game in which the athlete must serve a subsequent suspension (i.e. the "next contest"), the player shall be permitted to be present on the sideline but may not dress in game uniform. Suspended players may practice with the team while serving their suspension. Coaches will notify the Athletic Director and the Supervisor of Athletics in writing of the suspension and date of exclusion within 24 hours.

Appeal Procedure:

Appeals for reinstatement in athletics may be made to the building principal with a further appeal to the Superintendent of Schools or designee. Students shall remain ineligible from participation in athletics through the conclusion of the due process.



Authorization for Participation in Interscholastic Athletics

As parents or guardians of _____ (Student's Name)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. WE understand that the sport in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by the Allegheny County Public Schools in its athletic program and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Allegheny County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in interscholastic athletics and sports and any injuries received therefrom and expenses related thereto.

We hereby give our consent and authorize the Board of Education of Allegheny County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and

treatment of our child, and we agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. Supervision at practice, games and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Allegheny County Public Schools as issued by the Board of Education of Allegheny County and the Maryland State Department of Education.

Sports Insurance: ACPS may obtain supplemental insurance to cover injuries that occur which are not covered by the regular Student Accident Insurance policy. This insurance may provide additional coverage for an injured athlete. Claims for reimbursement under this insurance should be filed by the parent through the school office. The Board's insurance office should be advised of all claims filed on this policy. This should be done by completing a school accident form as well as completing the insurance claim forms. This insurance may not guarantee 100% coverage of claims.

Name of School/Community
I also declare and affirm that my child:
<input type="checkbox"/> Resides (with parents or legal guardians) within the above attendance area, or
<input type="checkbox"/> Is attending the above school with special permission of the Office of Student Services of Allegheny County Public Schools

If a student is attending a high school without the benefit of residing (with parent or guardian) within the school's attendance area and/or without special permission of the Office of Student Services, the student in question is subject to disciplinary action which could result in the loss of athletic eligibility for a period of time, ineligibility in a specific sport or sports for the forthcoming year or penalties as may seem justified in the particular case. A student being taught by parental request at home (home school) is not enrolled in Allegheny County Public Schools and cannot participate in athletics. The athlete's team and school will be penalized for failure to comply with MPSSAA regulations.

I/We understand and agree to all of the above.

Relationship to Student	Parent/Guardian's Signature	Date
Home Phone	Cell Phone	Email

*This form cannot be accepted without the above information.



Athletic Release Form

Student Information			
Student's Name (Print)	Grade	Age	Birth Date
Parent Information			
Parent/Guardian Name (Print)	Email		
Street Address	Home Phone		
City, State, Zip Code	Cell Phone		

By evidence of the signatures below, you testify that you:

1. Have read sexual harassment and hazing guidelines
2. Have read the Athletic Guide
3. Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
4. Understand the MPSSAA and ACPS eligibility standards
5. I have read the Sudden Cardiac Arrest (SCA) handout.

Failure to complete, sign and return to your child's coach will result in her/his exclusion from participation in the interscholastic athletic program of Allegheny County Public Schools.

Important: If a student changes residency during the sport season, parents must notify the athletic director immediately and update this form.

- I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.
- I hereby acknowledge that I received the Heat Acclimatization and Hydration Information Sheets. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention, treatment and the seriousness of heat and dehydration.
- I have read the regulations entitled Eligibility Minimum Standards for Participation in Athletics (JJIC-R1-2) which govern participation in athletics in the Allegheny County School System. I understand and agree to abide by said rules and regulations.
- My child has permission to participate in Interscholastic Athletics for the _____ school year.

Student's Signature	Date	Parent/Guardian's Signature	Date
---------------------	------	-----------------------------	------

*This form cannot be accepted without the above information.

Emergency Care Card (ATHLETICS)

Student Information			
Student Name (Print)	Grade	Age	Birth Date
Family Physician	Phone #		
Dentist	Phone #		
Medications given at home (on a regular basis)			
<p>Please check any existing health conditions:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Allergies (explain) _____</p> <p><input type="checkbox"/> Bee Sting Allergy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Difficulty Breathing</p> <p style="margin-left: 20px;"><input type="checkbox"/> Hives</p> <p style="margin-left: 20px;"><input type="checkbox"/> Swelling of lips & eyes</p> <p style="margin-left: 20px;"><input type="checkbox"/> Swelling or redness</p> <p>Describe your child's reaction: _____</p> <p>Uses an EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> ADD/ADHD</p> <p><input type="checkbox"/> Asthma</p> <p style="margin-left: 20px;"><input type="checkbox"/> Uses Inhalers</p> <p style="margin-left: 20px;"><input type="checkbox"/> Uses Nebulizer</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Bleeding Problems</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Fainting Spells</p> <p><input type="checkbox"/> Heart Problems</p> <p><input type="checkbox"/> Headaches/Migraines</p> <p><input type="checkbox"/> Hearing Problems</p> <p><input type="checkbox"/> Vision Problems</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Speech Problems</p> <p>Other Problems _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>			

I give permission for my child's health information to be shared with appropriate school staff. Yes No

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____



Authorization for Participation in Interscholastic Athletics

As parents or guardians of _____ (Student's Name)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. WE understand that the sport in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by the Allegheny County Public Schools in its athletic program and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Allegheny County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in interscholastic athletics and sports and any injuries received therefrom and expenses related thereto.

We hereby give our consent and authorize the Board of Education of Allegheny County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and

treatment of our child, and we agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. Supervision at practice, games and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Allegheny County Public Schools as issued by the Board of Education of Allegheny County and the Maryland State Department of Education.

Sports Insurance: ACPS may obtain supplemental insurance to cover injuries that occur which are not covered by the regular Student Accident Insurance policy. This insurance may provide additional coverage for an injured athlete. Claims for reimbursement under this insurance should be filed by the parent through the school office. The Board's insurance office should be advised of all claims filed on this policy. This should be done by completing a school accident form as well as completing the insurance claim forms. This insurance may not guarantee 100% coverage of claims.

Name of School/Community
I also declare and affirm that my child:
<input type="checkbox"/> Resides (with parents or legal guardians) within the above attendance area, or
<input type="checkbox"/> Is attending the above school with special permission of the Office of Student Services of Allegheny County Public Schools

If a student is attending a high school without the benefit of residing (with parent or guardian) within the school's attendance area and/or without special permission of the Office of Student Services, the student in question is subject to disciplinary action which could result in the loss of athletic eligibility for a period of time, ineligibility in a specific sport or sports for the forthcoming year or penalties as may seem justified in the particular case. A student being taught by parental request at home (home school) is not enrolled in Allegheny County Public Schools and cannot participate in athletics. The athlete's team and school will be penalized for failure to comply with MPSSAA regulations.

I/We understand and agree to all of the above.

Relationship to Student	Parent/Guardian's Signature	Date
Home Phone	Cell Phone	Email

*This form cannot be accepted without the above information.



Allegheny County
Public Schools

Athletic Release Form

Student Information			
Student's Name (Print)	Grade	Age	Birth Date
Parent Information			
Parent/Guardian Name (Print)	Email		
Street Address	Home Phone		
City, State, Zip Code	Cell Phone		

By evidence of the signatures below, you testify that you:

1. Have read sexual harassment and hazing guidelines
2. Have read the Athletic Guide
3. Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
4. Understand the MPSSAA and ACPS eligibility standards

Failure to complete, sign and return to your child's coach will result in her/his exclusion from participation in the interscholastic athletic program of Allegheny County Public Schools.

Important: If a student changes residency during the sport season, parents must notify the athletic director immediately and update this form.

- I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.
- I hereby acknowledge that I received the Heat Acclimatization and Hydration Information Sheets. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention, treatment and the seriousness of heat and dehydration.
- I have read the regulations entitled Eligibility Minimum Standards for Participation in Athletics (JJIC-R1-2) which govern participation in athletics in the Allegheny County School System. I understand and agree to abide by said rules and regulations.
- My child has permission to participate in Interscholastic Athletics for the 2015-2016 school year.

Student's Signature	Date	Parent/Guardian's Signature	Date
---------------------	------	-----------------------------	------

*This form cannot be accepted without the above information.

Pre-Participation Physical Evaluation



HISTORY

This page to be completed by student and parent/guardian

Name _____	Sex _____	Age _____	Date of Birth _____
Grade _____	School _____	Sport(s) _____	
Address _____			
Personal physician _____			
In case of emergency, contact			
Name _____	Relationship _____	Phone (H) _____	(W) _____

Explain "Yes" answers below. Circle questions if you don't know the answers.

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?
Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?
Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision?
Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury?
Have you broken or fractured any bone, or dislocated any joints?
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?
<i>If yes, check appropriate box and explain below.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head <input type="checkbox"/> Upper arm <input type="checkbox"/> Hand <input type="checkbox"/> Knee
<input type="checkbox"/> Back <input type="checkbox"/> Elbow <input type="checkbox"/> Finger <input type="checkbox"/> Shin/calf
<input type="checkbox"/> Chest <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Ankle
<input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist <input type="checkbox"/> Thigh <input type="checkbox"/> Foot | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?
Have you ever been dizzy during or after exercise?
Have you ever had chest pain during or after exercise?
Do you get tired more quickly than your friends do during exercise?
Have you ever had racing of your heart or skipped heartbeats?
Have you had high blood pressure or high cholesterol?
Have you ever been told you have a heart murmur?
Has any family member or relative died of heart problems or of sudden death before age 50?
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you do now?
Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious, or lost your memory?
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had numbness or tingling in your arms, hands, legs, or feet?
Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____ | | |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?
Do you have asthma?
Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | 16. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____ | | |

Explain "Yes" answers here: _____

We hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-Participation Physical Evaluation

(This page to be completed by physician/nurse practitioner/physician assistant)

PHYSICAL EXAMINATION

DATE OF EXAM _____
 NAME _____ DATE OF BIRTH _____
 HEIGHT _____ WEIGHT _____ % BODY FAT (optional) _____ PULSE _____ BP _____
 VISION R 20/ _____ L 20/ _____ CORRECTED? Y _____ N _____ PUPILS: EQUAL _____ UNEQUAL _____

	NORMAL	ABNORMAL FINDING	INITIALS
MEDICAL			
Appearance _____			
Eyes/Ears/Nose/Throat _____			
Lymph nodes _____			
Heart _____			
Pulses _____			
Lungs _____			
Abdomen _____			
Genitalia (males only) _____			
Skin _____			
MUSCULOSKELETAL			
Neck _____			
Back _____			
Shoulder/Arm _____			
Elbow/Forearm _____			
Wrist/Hand _____			
Hip/Thigh _____			
Knee _____			
Leg/Ankle _____			
Foot _____			

*Station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for [Sport(s)]: _____ Reason: _____

Recommendation: _____

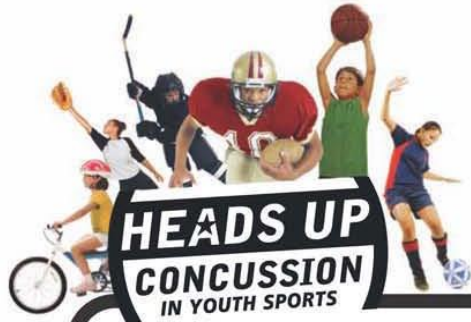
Name of physician/nurse practitioner/physician assistant _____ (PRINT OR TYPE) Date: _____

Address: _____ Phone: _____

Signature of physician/nurse practitioner/physician assistant _____

PHYSICIANS STAMP:

Endorsed by the MPSSAA



WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

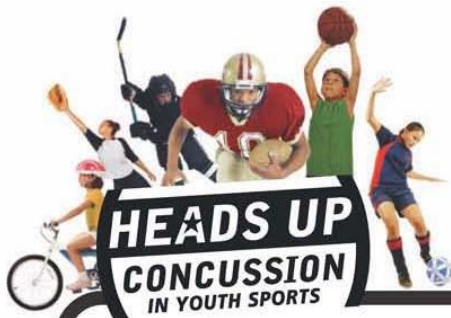
HOW CAN I PREVENT A CONCUSSION?

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.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

- The right equipment for the game, position, or activity
- Worn correctly and fit well
- Used every time you play

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



WHAT IS A CONCUSSION?

A concussion is a 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?

Signs Observed by Parents or Guardians

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

- 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 behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- 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
- Does not “feel right”

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.

- 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 (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

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

- 1. 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 sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play 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 second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

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

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

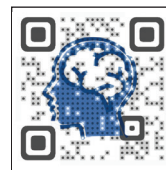
What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

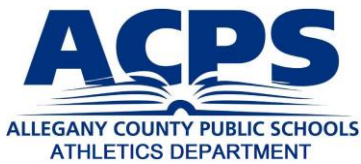
Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____



SUDDEN CARDIAC ARREST (SCA)

Definition: Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs. SCA in student-athletes is rare; the chance of SCA occurring to any individual student athlete is about one in 100,000. However, student athletes' risk of SCA is nearly four times that of non-athletes due to the increased demands on the heart during exercise.

Causes: SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks.

Warning signs of potential heart issues: The following need to be further evaluated by your primary care provider.

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

EMERGENCY RESPONSE TO SCA

CALL 911

ADMINISTER CPR

USE AN AUTOMATIC EXTERNAL DEFIBILLATOR (AED)

Act Immediately; time is most critical to increase survival rates!

WARNING SIGNS OF SCA

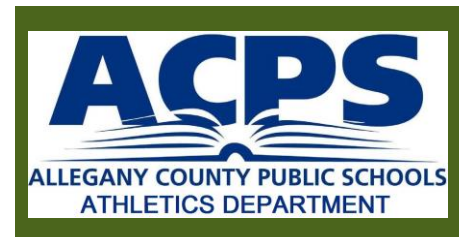
- SCA strikes immediately
- SCA should be suspected in any athlete who has collapsed and is unresponsive
- No response to tapping on shoulders
- Does nothing when asked if he/she is OK
- No pulse

Frequently Asked Questions about Sudden Cardiac Arrest (SCA)

What are the most common causes of Sudden Cardiac Arrest (SCA) in a student athlete?

SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Some of these conditions are listed below.

1. *Hypertrophic cardiomyopathy* (HCM): HCM involves an abnormal thickening of the heart muscle and it is the most common cause of SCA in an athlete.
2. Coronary artery anomalies: The second most common cause is congenital (present at birth) abnormalities of coronary arteries, the blood vessels that supply blood to the heart.
3. Other possible causes of SCA are:
 - a. *Myocarditis*: an acute inflammation of the heart muscle (usually due to a virus).
 - b. Disorders of heart electrical activity such as:
 - i. *Long QT syndrome*.
 - ii. *Wolff-Parkinson-White* (WPW) syndrome.
 - iii. *Catecholaminergic Polymorphic Ventricular Tachycardia* (CPVT).
 - c. *Marfan syndrome*: a condition that affects heart valves, walls of major arteries, eyes, and the skeleton.
 - d. Congenital aortic valve abnormalities.
4. *Comotio Cordis*: concussion of the heart from sudden blunt non-penetrating blow to the chest
5. Use of recreational, performance-enhancing drugs, and energy drinks can also bring on SCA.



HANDS-ONLY CPR



How to Give Hands-Only CPR. If you see a teen or adult suddenly collapse, **call 911** and **push hard and fast** in the center of the chest to the beat of any tune that is 100 to 120 beats per minute. Immediate CPR can double or even triple a person's chance of survival.

How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, performed by the athlete's medical provider.

1. It is very important that you carefully and accurately complete the personal history and family history section of the "Pre-Participation Physical Evaluation Form".
2. Since the majority of these conditions are inherited, be aware of your family history, especially if any close family member:
 - a. had sudden unexplained and unexpected death before the age of 50.
 - b. was diagnosed with any of the heart conditions listed above.
 - c. died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning.
3. Take seriously the warning signs and symptoms of SCA. Athletes should notify their parents, coaches, or school nurses if they experience any of these warning signs or symptoms.
4. Schools in Maryland have AED policies and emergency preparedness plans to address SCA and other emergencies in schools. Be aware of your school's various preventive measures.
5. If a cardiovascular disorder is suspected or diagnosed based on the comprehensive pre-participation screening evaluation, a referral to a child heart specialist or pediatric cardiologist is crucial. Such athletes will be excluded from sports pending further evaluation and clearance by their medical providers.