

# (07) STUDENT ATHLETE SAFETY WAIVERS:

## CONCUSSION/HEAD INJURY, SPORTS RISK ASSESSMENT, TRANSPORTATION FOR STUDENT ATHLETES IN GRADES 7-12.

### KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM

**This form must be signed by all student athletes in grades 7-12 and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

#### Symptoms may include one or more of the following:

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|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
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#### Signs observed by teammates, parents, and coaches include:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li></ul> | <ul style="list-style-type: none"><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul> |
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*Adapted from the CDC and the 3rd International Conference in Sport*

***The signed, completed forms must be turned in to the school’s Athletic Department  
before the first day of practice.***

**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 (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling 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.

**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 from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

**Cognitive Rest and Return to Learn:** The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

**Return to Practice and Competition:** The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

**For current and up-to-date information on concussions you can go to:**

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

**For concussion information and educational resources collected by the KSHSAA, go to:**

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

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# KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY RELEASE FORM (FOR STUDENT ATHLETES IN GRADES 7-12)

By signing below, I acknowledge having received the KSHSAA recommended information about concussion and head injuries.

_____	_____	_____	_____
Student-athlete Name Printed	Student-athlete Signature	Date	Grade
_____	_____	_____	
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date	

## SPORTS RISK ASSESSMENT

We the undersigned parent(s) or guardian(s) of \_\_\_\_\_ have been advised and understand that participating in sports carries with it the risk of injury. These injuries may include (but are not limited to) the following: lacerations, bruises, sprains, strains, broken bones, knee injuries, concussions, paralysis (partial and in some cases complete paralysis), and in some cases death.

Having been so advised, it is our intent to grant permission for our son/daughter to participate in interscholastic sports competition for the school year identified at the top of this form. Note: Both parent(s)/guardian(s) should sign and date below.

_____	_____	_____
Mother/guardian signature	Date	Relationship to student
_____	_____	_____
Father/guardian signature	Date	Relationship to student

I, the undersigned player, have been advised and understand that participating in sports carries with it the risk of injury. These injuries may include (but are not limited to) the following: lacerations, abrasions, bruises, sprains, strains, knee injuries, broken bones, concussions, paralysis (partial and in some cases complete paralysis), and in some cases death. Having been so advised, it is my intent to participate in interscholastic sports for the school year identified at the top of this form.

_____	_____	_____
Student signature	Date	Grade in school

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# WAIVER FOR ACTIVITY TRANSPORTATION

## REQUIRED FOR EHS STUDENTS WHO PARTICIPATE IN SCHOOL-SPONSORED SPORTS

The regular school day ends at 3:20 p.m. at Eudora High School. Whenever possible, practices for activities will be held on the EHS campus. Some EHS activities will use facilities off of the high school campus for practice or games. The following guidelines will be followed by Eudora School District officials in regard to the transportation of students to and from extra-curricular activities.

- The Eudora School District is not responsible for the transportation of students to and from practice for extra-curricular activities that are held at a site other than EHS.
- The Eudora School District is not responsible for the transportation of students to and from games, meets or contests that are held in Eudora, unless the coach requires participants to ride a bus.
- The Eudora School District is not responsible for any accident that occurs while students are en route to or from a practice or game while operating their own vehicle or riding with another driver.

We have read and understand the previous statements about transportation of students and agree that we will not hold Eudora High School or the Eudora School District responsible for any accident that might occur under the aforementioned conditions.

Student name (please print): \_\_\_\_\_ Grade in school \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

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