



Woodland Joint 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 an 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

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 medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

CIF Bylaw 313, CONCUSSION PROTOCOL

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at the 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 education and management of concussion and receives written clearance to return to play from that health care provider. (Approved May 2010 Federated Council)

Q: What is meant by “licensed health care provider?”

A: The “scope of practice” for licensed health care providers and medical professionals is defined by California state statutes. This scope of practice will limit the evaluation to a medical doctor (MD) or doctor of osteopathy (DO).

You should inform your child’s coach if you think that your child may have a concussion. Remember it is better to miss one game than to miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Depending on the circumstances of a particular practice or game, a supervising administrator, referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student must 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.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> 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 (<i>even briefly</i>) Shows mood, behavior, or personality changes Can’t recall events <i>prior</i> to hit or fall Can’t recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> 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”

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: _____

Adult: _____

Signature: _____

Signature: _____