



**A FACT SHEET FOR PARENTS AND STUDENTS****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.**

**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.”

**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](http://www.cdc.gov/Concussion)

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Printed Name

\_\_\_\_\_  
Parent’s/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s School

# Medical Eligibility Form

Student Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

I acknowledge and give consent for a copy of this entire form to be kept in the student's school record. I agree that should student's health change in any way that would alter this form that I will inform the school as soon as possible.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Shared Emergency Information *(To be filled out by athlete/athlete's caregiver)*

Allergies:

\_\_\_\_\_

Medications:

\_\_\_\_\_

Other Information:

\_\_\_\_\_

Emergency Contacts:

<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____

## Participation Eligibility *(To be filled out by medical provider)*

- Medically Eligible for sports without restriction.
- Medically Eligible for all sports without restriction with recommendations for further evaluation or treatment of:  
\_\_\_\_\_
- Medically eligible for certain sports:  
\_\_\_\_\_
- Not medically eligible pending further evaluation  
\_\_\_\_\_
- Not medically eligible for any sports

Recommendations:

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined in this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional:

\_\_\_\_\_