



PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT

In an effort to help safeguard the health and well-being of youth athletes who participate in athletic competition in the City of Milton Parks and Recreation programs, both at and away from City of Milton facilities, the Department of Parks and Recreation, with the recommendation of the Parks and Recreation Advisory Board, has enacted a Youth Sports Concussion Policy, which may be accessed at <http://www.cityofmiltonga.us/>

A concussion is a brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head. A concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously. A concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual. 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. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

The common signs/symptoms of a concussion may include one or more of the following:

- Appears dazed or stunned;
- Headache or pressure in head;
- Nausea or vomiting;
- Double or blurry vision;
- Sensitivity to light;
- Sensitivity to noise;
- Forgets an instruction;
- Loss of consciousness;
- Loss of memory;
- Confusion about an assignment / position;
- Is unsure of games, score or opponent;
- Balance problems or dizziness;
- Feeling sluggish, hazy, foggy, or groggy;
- Concentration or memory problems;
- Answers questions slowly;
- Moves clumsily;
- Mood, behavior, personality changes; and
- Inability to recall events before/after injury.

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

Parent/Guardian Concussion Policy Acknowledgment

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.

Because the well-being of youth athletes who participate in athletic competition in the City of Milton Parks and Recreation programs, both at and away from City of Milton facilities, is of paramount concern to the City of Milton Parks and Recreation Department, the following course of action shall apply to all sports competitions and sports related activities occurring at City of Milton Parks and Recreation facilities:

1. If a youth athlete experiences or exhibits any of the above **signs/symptoms of a concussion** following an injury, contact event, or blow to the head, face, neck or a blow to the body that causes a sudden jarring of the head, he or she shall be immediately removed from the athletic event, game, practice or contest. It is required that the athlete not return to play until he or she is cleared to participate by an appropriate licensed health care professional.
2. The youth athlete's parent or guardian shall be notified that:
 - (a) He or she experienced an injury, contact event, or blow to the head, face, neck or body, and/or that he or she exhibited one or more signs/symptoms of a concussion;
 - (b) The youth athlete was immediately removed from the athletic event, game, practice or contest; and
 - (c) That it is required that the youth athlete be seen by an appropriately licensed health care professional before return to play. (See Paragraph 4.)
3. Any youth athlete suspected of having a concussion must be evaluated by an appropriate licensed health care professional **within 24 hours of the injury**, contact event, or blow to the head, face, neck or a blow to the body that causes a sudden jarring of the head.
4. No youth athlete shall be permitted to return to play until he or she has not exhibited the signs / symptoms of a concussion for 48 hours, or more, and is medically cleared to participate by an appropriate licensed health care professional. The coach must receive written permission from an appropriate licensed health care professional before the youth athlete may return to play.



PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGEMENT

As the Parent or Guardian of _____, I (we) understand that the goals of the City of Milton's Youth Sports Concussion Policy are to ensure that youth athletes who sustain concussions and head injuries are properly diagnosed, provided adequate time to heal, and are comprehensively supported until they are symptom free and ready to return to play. However, I (we) also understand that the City of Milton cannot prevent concussions, and/or other injuries to the head and/or body, from occurring during the course of athletic sporting events, practices and competitions.

I (we) further understand and acknowledge that the City of Milton's adoption of the Youth Sports Concussion Policy shall not create or subject the City of Milton to any liability as a result of its adoption of the Policy, or from the failure of any individual, coach (head or assistant), game official, parent, guardian, health care professional, youth athlete, City of Milton employee or official, or any other person, group, association, or entity to adhere to same.

For current and up-to-date information on concussions you are urged to go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

www.nfhslearn.com

Name of Parent/Guardian (Print)

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Date