

Pre-Participation Physical Evaluation

HISTORY FORM (should be filled out by the student and Name			Sex	Age	Date of birth			
Grade School	Sp	ort(s))					
Home Address					Phone -			
Personal physician			Parent Er	mail				
PPE is required annually and shall not be taken	earli	ier tha	an May 1 precedi	ng the school	year for which it is applicable.			
Medicines and Allergies: Please list all of the prescription and over-					•••	t 22011 0		
currently taking:	·tile-c		medicines, iiiii	aiers, and supp		Jo Med		ons
Do you have any allergies? Yes No If yes, please identify specific and the specific speci								
☐Medicines ☐Pollens ☐Pollens ☐		⊔	r 00a		Listinging Insects			
	1		1					
Explain "Yes" answers below. Circle questions you don't know the						_		
General Questions	Yes	No	Medical Que		and the second s		Yes	No
 Have you had a medical condition or injury since your last check up or sports physical? 			exercise?	ıgn, wneeze, or i	nave difficulty breathing during or after			
2. Has a doctor ever denied or restricted your participation in sports for any reason?			l		aler or taken asthma medicine?			
Do you have any ongoing medical conditions? If so, please identify			l		ily who has asthma?	la.		-
below:				orn without or a our spleen, or an	re you missing a kidney, an eye, a testic y other organ?	ie		
☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:			31. Do you hav	e groin pain or a	a painful bulge or hernia in the groin are	a?		
4. Have you ever spent the night in the hospital?			32. Have you h	nad infectious mo	nonucleosis (mono) within the last mor	th?		
5. Have you ever had surgery?			33. Do you hav	/e any rashes, pr	ressure sores, or other skin problems?			
Heart Health Questions About You	Yes	No	·	•	MRSA skin infection?			_
6. Have you ever passed out or nearly passed out DURING or AFTER			35. Have you e		njury or concussion?	Į		
exercise? 7. Have you ever had discomfort, pain, tightness, or pressure in your chest			What is the		been held out of sports or school? ed?			_
during exercise? 8. Does your heart ever race or skip beats (irregular beats) during exercise?					blow to the head that caused confusion, emory problems?			
cise? 9. Has a doctor ever told you that you have any heart				e a history of se				
problems? If so, check all that apply:				ve headaches wi				
☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease ☐ Other: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			legs after b	peing hit or falling	ess, tingling, or weakness in your arms of (Stinger/Burner/Pinched Nerve)?			
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			falling?		to move your arms or legs after being I	iit Or		
11. Do you get lightheaded or feel more short of breath than expected dur-			· -		hile exercising in the heat? cramps when exercising?			\vdash
ing exercise?					r family have sickle cell trait or disease?			\vdash
12. Have you ever had an unexplained seizure?					s with your eyes or vision?			
13. Do you get more tired or short of breath more quickly than your friends during exercise?				nad any eye injur	· ·			1
Heart Health Questions About Your Family	Yes	No	46. Do you we	ear glasses or co	ntact lenses?			
14. Has any family member or relative died of heart problems or had an			47. Do you we	ear protective eye	ewear, such as goggles or a face shield	?		
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			<u> </u>	rry about your we	<u> </u>			
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			49. Are you try weight?	ring to or has any	rone recommended that you gain or lose	Э		
syndrome, short QT syndrome, Brugada syndrome, or catecholaminer-					do you avoid certain types of foods?			
gic polymorphic ventricular tachycardia?		-	1	ever had an eatin	<u> </u>			_
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			52. Do you hav		that you would like to discuss with a do	ctor?	Yes	No
17. Has anyone in your family had unexplained fainting, unexplained sei-				y ever had a menst	rual period?		163	140
zures, or near drowning? Bone And Joint Questions	Voc	No	<u> </u>		any problems or changes with athletic			+
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that	ies	NO	participation	n (i.e., irregularit	y, pain, etc.)?			
caused you to miss a practice or a game?					u had your first menstrual period?			
19. Have you ever had any broken or fractured bones or dislocated joints?				answers here	u had in the last 12 months?			
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			Explain yes	answers nere				
21. Have you ever had a stress fracture?								
22. Have you ever been told that you have or have you had an x-ray for neck								
instability or atlantoaxial instability? (Down syndrome or dwarfism) 23. Do you regularly use a brace, orthotics, or other assistive device?				-				
23. Do you regularly use a brace, orthotics, or other assistive device? 24. Do you have a bone, muscle, or joint injury that bothers you?								
25. Do any of your joints become painful, swollen, feel warm, or look red?								
26. Do you have any history of juvenile arthritis or connective tissue								
disease?								

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

Pre-Participation Physical Evaluation Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329



___, MD, DO, DC, PA-C, APRN

(please circle one)

_____ Date of birth: ___

PHYSICAL EXAMINATION FORM

Name: __

Signature of healthcare provider_

Date of recent i	immunizations: Td _	Tdap	Hep B	Varicella	HPV	Meningococcal
PHYSICIAN RE	EMINDERS					
Do you feelDo you everDo you feelHave you ever	1. Consider additional questions on more sensitive issues • Do you feel stressed out or under a lot of pressure? • Do you ever feel sad, hopeless, depressed, or anxious? • Do you feel safe at your home or residence? • Have you ever tried cigarettes, chewing tobacco, snuff, or dip? • During the past 30 days, did you use chewing tobacco, snuff, or dip? • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance supplement? • Have you ever taken any supplements to help you gain or lose weight or improve your performance? • Do you wear a seat belt and use a helmet?					
2. Consider rev	iewing questions on	cardiovascular symptor	ns (questions 5-	-14).		
EXAMINATION						
Height	Weight	Male 🗌 Female 🗌	I BP (reference	e gender/height/age char	t)**** /	(/) Pulse
Vision R 20/	L 20/	Corrected: Yes No				
MEDICAL				NORMAL	ABNOR	MAL FINDINGS
		n-arched palate, pectus excav perlaxity, myopia, MVP, aorti				
Eyes/ears/nose/th • Pupils equal • Gross Hearir						
Lymph nodes						
	scultation standing, supir					
Pulses • Simultaneous	s femoral and radial pulse	es				
Lungs						
Abdomen						
Genitourinary (ma	ales only)**					
Skin • HSV, lesions	suggestive of MRSA, tin	ea corporis				
Neurologic***						
MUSCULOSKELI	ETAL					
Neck						
Back						
Shoulder/arm						
Elbow/forearm						
Wrist/hand/fingers	3					
Hip/thigh						
Knee						
Leg/ankle						
Foot/toes						
Functional • Duck-walk, s	ingle leg hop					
Consider cognitive *Chart found in: Th	e evaluation or baseline neur ne Fourth Report on the Dia	cardiology for abnormal cardiac ropsychiatric testing if a history o gnosis, Evaluation, and Treatmer	f significant concussi	on.		
	sports without restriction sports without restriction	n with recommendations for	further evaluation	or treatment for		
☐ Not cleared						
Pendir	ng further evaluation					
☐ For an	y sports					
☐ For ce	ertain sports					
Recommendation	s					
clinical contraind the physician ma guardians).						
Name of healthca	re provider (print/type)_					Date
Address					Ph	one

ATTENTION PARENTS AND STUDENTS KSHSAA ELIGIBILITY CHECK LIST

PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official KSHSAA Handbook which is distributed annually and is available at your school principal's office.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation Parental Consent—Students shall have passed the attached evaluation and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.
- Rule 15 Enrollment/Attendance—Students must be regularly enrolled and in attendance not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

 NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements—Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or middle school student) on or before September 1 of the school year in which they compete.
- Rule 19 Undue Influence—The use of undue influence by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition—Students may not engage in outside competition in the same sport during a season in which they are representing their school.

 NOTE: Consult the coach or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity—Students are eligible if they are not members of any fraternity or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction—Students are eligible if they have not participated in training sessions or tryouts held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport—Students are not eligible for more than four seasons in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name		
	(PLEASE PRINT CLEARLY)	

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer, school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

The above named student and I have read the KSHSAA Eligibility Check List and how to retain eligibility information listed in this form.

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling
If a negative response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating
eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions
still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate
of Transfer Form T-E on all transfer students.)

still exis	y. This should be done before the student is allowed t, the school administrator should telephone the KS fer Form T-E on all transfer students.)		1 2	· ·
YES	NO			
1.	Are you a bona fide student in good standing Did you pass at least five new subjects (the regulation which requires you to pass at least.) Are you planning to enroll in at least five new (The KSHSAA has a minimum regulation which Did you attend this school or a feeder school in Sections a and b.)	nose not previously pa five subjects of unit weig v subjects (those not pro- th requires you to enroll and	ssed) last semester? (The KSHS) ht in your last semester of attend eviously passed) of unit weight the document between the best five such as the second sec	AA has a minimum ance.) nis coming semester? ubjects of unit weight.)
	 a. Do you reside with your parents? b. If you reside with your parents, have they 	made a permanent and l	bona fide move into your school's	attendance center?
mation publish	dent/parent authorizes the school to release to for the purpose of determining student eligibi the name and picture of student as a result of HSAA activities or events.	lity. The student/pare	nt also authorizes the school	and the KSHSAA to
	Parent or Guardian's Signature		Date	
Stud	ent's Signature	Date	Birth Date	Grade

USD 265 SPORTSMANSHIP POLICY

The USD 265 Sportsmanship Policy promotes the board's citizenship goals for USD 265, and enhances the image of the Goddard school community among students, patrons and guests of the districts. The policy is applicable to students, sponsors, fans, and guests during school-sponsored events and activities.

The Board of Education is committed to a spirit of good sportsmanship as a means to achieve exemplary citizenship and to enhance the image of our school community among students, patrons, and guests of our district. To enhance and promote our sportsmanship and citizenship goals, all students, sponsors and fans representing our district are expected to display exemplary levels of sportsmanship during all school–sponsored events and activities. Should a student participant, coach, sponsor or attending patron exhibit such unsportsmanlike conduct that they are caused to be disqualified from or otherwise removed from an activity or sporting event, the following sanctions shall be imposed:

- 1. Any student, sponsor or coach who is ejected from an event for an unsportsmanlike action shall be suspended from the next date of competition or performance for which they are eligible and may suffer a more significant suspension up to and including exclusion for the remainder of the season or school year.
- 2. Suspensions for more than one date shall be at the discretion of the sponsor, coach, activities/athletic director and the building principal.
- 3. A suspension for one event or a longer term may extend into the next school year.
- 4. Disciplinary action taken against offending spectators may extend from a minimum of one event to a maximum of permanent suspension from all future USD 265 extracurricular activities for which spectators are invited and welcomed.
- 5. Long term (more than one event) suspensions will be imposed on student participants for similar or like activities or events. As an example, an ejection from an athletic event date will result in suspension from the next athletic event for which the student is eligible for competition. Being asked to leave a performing group (non-athletic) will result in suspension from the next non-athletic contest or performance date for which the student would be eligible. The activities/athletic director will be responsible for monitoring and recording the punishment for all students (athletic and non-athletic).

For clarification only, the definition of an unsportsmanlike act shall include, but not necessarily be limited to the following inappropriate and unacceptable actions:

- 1. Fighting or other physically inappropriate actions occurring during an event or competition that results in an ejection.
- 2. Abusive, rude, sarcastic or discourteous action that results in ejection from a school-sponsored performance or competitive event.
- 3. The use of vulgar language and/or obscene gesture directed toward any other participant, official or spectator that leads to an ejection from the event or competition.
- 4. Any inappropriate racial, ethnic or religious remark made toward another participant, official or spectator during an event which results in a disciplinary report.
- 5. In the case of spectators, wearing any clothing that reflects obscenity or an inappropriate racial, ethnic or religious theme.

GODDARD USD No. 265 ACTIVITY POLICY

In order for a student at Goddard to be involved in an activity he/she must abide by the following criteria:

- 1. He/she must be eligible in accordance with KSHSAA by passing five subjects of unit weight (aide, seminar, study hall, etc. are not of unit weight) the <u>semester prior to participating for high school students</u>, and the 9 weeks prior to <u>participating for middle school students</u>. Current enrollment and a student of "good standing" making appropriate progress is a minimum requirement for competition participation. Sponsors and coaches will submit standards if higher than this minimum to the Board of Education.
- 2. He/she must be a bona fide student in good standing in school. Areas include but are not limited to academics, attendance, discipline, and law abiding. The principal will make the final determination.
- 3. He/she must attend practice regularly. Absence from practice must be excused ahead of time by the coach/sponsor/teacher. If the student misses school, the coach/sponsor/teacher must be informed before practice. If the student leaves school, the student must notify the coach/sponsor/teacher prior to leaving. The coach/sponsor/teacher has the final say as to whether the miss will be excused. Even if the absence is excused, all conditioning work for that day will be made up. All other absences will be unexcused. First unexcused absence will result in the conditioning work being doubled and will be made up. Second unexcused absence will result in suspension for the next day of competition. Third unexcused absence will result in removal from the activity for the remainder of the season.
- 4. He/she must not use or have possession of alcohol, drugs or tobacco. Any student involved with the above-mentioned substances on school grounds, at a school activity, or while in any way representing Goddard schools will be (1) terminated from his/her team for the remainder of that sports season and (2) be subject to board policies regarding student behavior.
- 5. If any student is involved with these substances away from the school grounds or activities and it can be substantiated by a reliable source, such as the police, faculty member, or administration, he/she will be suspended for the activity for the next day of competition, will be placed on probation for all activities for the remainder of the current school year, and be referred to administration under the district intervention procedures.
- 6. If information is received from a source other than those listed above about a student being involved with alcohol, drugs or tobacco, the student will be counseled about this information (this shall be considered a warning). The student will be told of the intervention referral and intervention procedures will be implemented.
- 7. Probation means that if any further involvement with alcohol, drugs or tobacco becomes evident, the student will be removed immediately from the sport he/she is presently participating in for the remainder of the season.
- 8. He/she will follow all rules and regulations that are established by the coach/sponsor/teacher and will respect the authority of the coach/sponsor/teacher while under his/her supervision.
- 9. Band, stage band, flag corps, drill team, cheerleaders, debate and vocal music groups are all subject to the above rules and regulations. In these activities, however, due to classroom enrollment and credit requirements, the penalties will automatically apply to the performances of the group but will not result in automatic dismissal from the class.

We, the student and parents, have read and understand these policies.	This form must be returned by all students
participating in district activities.	

Student Signature	Parent Signature	Date

CONFLICT OF STUDENT ACTIVITIES

It is the policy of Goddard High School to follow a specific procedure when dealing with problems which may arise as a result of a conflict between school sponsored activities. The following policy should be followed:

A. SCHEDULING THE SCHOOL FACILITIES:

The scheduling of school facilities will be placed on a first come first serve basis. No other activity will be scheduled at the same time or on the same date if a possibility exists that it will cause any inconvenience for the activity which has been scheduled first.

B. CONFLICTS WHICH MAY ARISE WHEN A STUDENT IS SCHEDULED TO PERFORM IN TWO OR MORE ACTIVITIES WHICH ARE BEING HELD ON THE SAME DATE AND SAME TIME.

It will be the policy of the school to support the activity which has the greatest degree of priority which has been determined as follows

Number one priority will be State contests of any type.

Number two priority will be Regional contests of any type.

Number three priority will be League contests of any type.

It is the feeling of the school that a student should participate in the contest which holds the greatest priority. If however, the parents of that student feel that they wish for him/her to participate in an activity which does not have priority, then they must submit to the school, at least one week in advance, a form stating which activity the student will participate in. This form may be obtained from the office.

Should the conflicting activities have less priority than a League contest, the student will be allowed to choose which contest he/she wishes to enter

Coaches and sponsors go over this with YOUR student EARLY in the activity! In school of our size this is a rather critical area. Be sure your athletes and participants are aware of these possible conflicts.

WE HAVE READ AND UNDERSTAND THE ABOVE POLICY.



GODDARD USD 265 INSURANCE FORM FOR ACTIVITIES

TO BE RETURNED TO SCHOOL OFFICE BY ALL STUDENTS PARTICIPATING IN ACTIVITIES

Student Name:		School:			
Sport(s):		Date Filed (Office Use):			
Due to the expenses associated with check one of the following statemen		d that all participants have adequate insur d information.	rance coverage. Please		
Enrolled in Student Accident l	Insurance				
*Please note that regular st Insurance form for details.	udent insurance does not cover	football. Separate football must be purch	nased. See K&K		
Insurance as provided by the f	following:				
·					
	Name of Insur	rance Company			
Student Signature	Grade	Parent Signature	Date		
		. — . — . — . —	_ : : _		
*****	***** IMPORTANT – PLEA	SE READ CAREFULLY *********	•		

KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION CATASTROPHIC INJURY POLICY

Summary of Coverage

As a member of KSHSAA, your students participating in activities and interscholastic athletics under the jurisdiction of the Association have been provided with coverage beginning 8/1/2012 as follows:

- 1) Excess Athletic Participant Legal Liability coverage; \$500,000 per occurrence.
- 2) Excess Catastrophic Medical up to a \$5,000,000 maximum. *(\$25,000 deductible)
- 3) Catastrophic Cash Benefit; \$500,000 maximum.
- 4) Accidental Death and Dismemberment Benefit; \$10,000 maximum.
- 5) Aggregate Limit of Liability (Catastrophic Medical/ Catastrophic Cash): \$5,000,000

<u>Lifetime Catastrophic Accident Medical Coverage</u>

This policy provides coverage for students/athletes (grades 7-12) injured while participating in, practicing for or **traveling** (as defined in the policy) to/from activities/interscholastic athletics under the jurisdiction of KSHSAA. Mutual of Omaha provides this coverage to KSHSAA. Transportation of participant students is covered *only if* it is directly to or from the covered event, authorized by the school district and is paid for or subject to reimbursement by the school.

Kansas Agent for KSHSAA: Willis of Greater Kansas, Inc. -- Scot Buxton or Jan Mason

2348 SW Topeka Blvd Topeka KS 66611

(877) 233-5155 / Fax (785) 233-7158

NOTE: This is only a brief summary of coverage and does not replace the policies. Refer to the policies for specific coverage wording, exclusions, and conditions. Policies are on file and available at the office of KSHSAA.

USD 265 Goddard Public Schools Concussion & Head Injury Information Release Form 2017-2018

This form must be signed by all student athletes 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, <u>all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.</u> 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 foll	Symptoms may include one or more of the following:			
 Headaches 	Amnesia			
• "Pressure in head"	"Don't feel right"			
 Nausea or vomiting 	Fatigue or low energy			
 Neck pain 	• Sadness			
 Balance problems or dizziness 	 Nervousness or anxiety 			
 Blurred, double, or fuzzy vision 	 Irritability 			
 Sensitivity to light or noise 	More emotional			
 Feeling sluggish or slowed down 	 Confusion 			
 Feeling foggy or groggy 	 Concentration or memory problems 			
 Drowsiness 	(forgetting game plays)			
 Change in sleep patterns 	 Repeating the same question/comment 			

Signs observed by teammates, parents, and coaches include:			
Appears dazed	Shows behavior or personality changes		
 Vacant facial expression 	Can't recall events prior to hit		
 Confused about assignment 	Can't recall events after hit		
 Forgets plays 	Seizures or convulsions		
 Is unsure of game, score, or opponent 	Any change in typical behavior or personality		
 Moves clumsily or displays incoordination 	Loses consciousness		
 Answers questions slowly 			
 Slurred speech 			

Adapted from the CDC and the 3rd International Conference in Sport

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 athletes 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 sustaining a 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 & 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 of http://www.cdc.gov/concussion/Heads	•	
http://www.kansasconcussion.org/		
For concussion information and educati http://www.kshsaa.org/Public/Genera	onal resources collected by the KSHSAA, go to: al/ConcussionGuidelines.cfm	
Student-athlete Name Printed	Student-athlete Signature	Date
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date