

CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

WHAT IS A CONCUSSION?

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards---**IN ORDER FOR EQUIPMENT TO PROTECT YOU**, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!



Concussion and Head Injury Acknowledgement



Allen High School

In compliance with Oklahoma Statute Section 23-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Allen High School related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Allen High
Student Athlete's Name

School athletics

and I, _____, as the parent/legal guardian, have read the
Parent/Legal Guardian's Name

material provided to us by Allen High School related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

*Allen Public School District
Student Drug Testing Consent Form*

Statement of Purpose and Intent

Participation in school sponsored extra-curricular activities at the Allen School District is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Allen Public School District. For the safety, health, and well being of the student of the Allen Public School District, the Allen Public School District has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students at the middle school and high school levels.

Participation in Extra-Curricular Activities

Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and Student Drug Testing Consent which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a urine sample: a) as part of their annual physical or for eligibility for participation; b) as chosen by the random selection basis; and c) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

Student's Last Name	First Name	MI
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I understand after having read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent," that, out of care for my safety and health, the Allen Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Allen extra-curricular interscholastic activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. ~~If I choose to violate school policy~~ regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

Signature of Student	Date
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We have read and understood the Allen Public School District "Activity Student Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named above participate in the extra-curricular interscholastic programs of the Allen Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Signature of Parent or Custodial Guardian	Date
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Signature of Coach	Team
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