

ENHS CONCUSSION & HEAD INJURY INFORMATION SHEET

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any 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

If a student is suspected of sustaining a concussion or head injury during an athletic activity, the student shall be immediately removed from the activity. The student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician's assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should 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the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this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 (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow," "foggy," or "not right," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). 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.

East Nicolaus Athletic Handbook Agreement, Consent, Risk Assumption and Acknowledgement Form

This document must be signed by both the athlete and the parent guardian of the athlete. This document is to ensure that you have received the rules, expectations, requirements and bylaws that govern East Nicolaus Union High School District Athletic Programs.

By signing this document you certify that you have read and understand all the information within the East Nicolaus High School Athletic Handbook including all information regarding concussions.

By signing this document you certify that you understand that participation in athletic activity may involve injury of some type to either you or a fellow student athlete. Such injury can include direct physical and possible crippling injury to one's body and or possibility of emotional injury experience as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, or muscle strains to more serious bone, joint, and ligament injuries. Complete paralysis and even death, is also a possibility. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

The purpose of this warning is to bring to your attention the existence of potential dangers associated with athletic participation, and to aid you in making an informed decision as to whether you or your child should participate in athletics. As a condition of such participation, East Nicolaus High School is making it mandatory for the student and parent/guardian to sign the assumption of risk. In addition, its purpose is to make you aware that as a student athlete, or as a parent/guardian of a student athlete, it is your responsibility to learn about and/or to inquire about concerns that you might have at any time regarding athletic safety and the safety of the school district's athletic programs.

I hereby certify that I have read and completely understand all rules, regulations, policies, requirements, and expectations of the East Nicolaus High School Athletic Programs. I understand risks that are associated with athletic participation.

Athlete NAME (printed) : _____

Athlete Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Parent Contact Information

Email: _____

Phone: _____