

A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

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

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might 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. Second or later 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?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports 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, activity, or position
 - > Worn correctly and fit well
 - > Used every time you play

Remember, when in doubt, sit it out!

A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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 behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

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

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.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Remember, when in doubt, sit them out!
It's better to miss one game than the whole season.

Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about events • Answers questions slowly • Repeats questions • Can't recall events prior to the hit, bump, or fall • Can't recall events after the hit, bump, or fall • Loses consciousness (even briefly) • Shows behavior or personality changes • Forgets class schedule or assignments 	<p><u>Thinking/Remembering:</u></p> <ul style="list-style-type: none"> • Difficulty thinking clearly • Difficulty concentrating or remembering • Feeling more slowed down • Feeling sluggish, hazy, foggy, or groggy <p><u>Physical:</u></p> <ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Sensitivity to light or noise • Numbness or tingling • Does not “feel right” 	<p><u>Emotional:</u></p> <ul style="list-style-type: none"> • Irritable • Sad • More emotional than usual • Nervous <p><u>Sleep*:</u></p> <ul style="list-style-type: none"> • Drowsy • Sleeps less than usual • Sleeps more than usual • Has trouble falling asleep <p>*Only ask about sleep symptoms if the injury occurred on a prior day.</p>

LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
 - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports - What You Need To Know
 - www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
 - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>

Student & Parent/Legal Guardian Concussion Statement

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Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating students and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning an organized activity, a student and their parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school district prior to the student's participation during the designated school year. The law further states that a student who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student has received a written clearance from a licensed health care provider.

We have read the *Student & Parent/Legal Guardian Concussion Information Sheet*.

Student Name: _____
This form must be completed for each student, even if there are multiple students in each household.

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

 Signature of Student

 Date

 Signature of Parent/Legal Guardian

 Date

Please return to the teacher by September 8, 2017. Thank you for your cooperation.

2017 - 2018 STUDENT EMERGENCY INFORMATION

Pupil's Name _____

Birth date _____

Grade _____

Parent(s) Name(s) _____

Home Address _____ Phone _____

Father's Work Address _____ Phone _____

Mother's Work Address _____ Phone _____

Alternate person to notify in case of emergency: _____

Phone _____ Relationship to student _____

Alternate person to notify in case of emergency: _____

Phone _____ Relationship to student _____

Student's physician _____ Phone _____

Physician of 2nd choice _____ Phone _____

Please list any medical conditions/allergies that the teaching staff should be aware of:

Signature of Parent or Legal Guardian

Date

Please return to the teacher by September 8, 2017. Thank you for your cooperation.

INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the District's policy regarding District-provided Access to Electronic Information, Services, and Networks. (Policy 3612) Should I commit any violation or in any way misuse my access to the District's computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

User's Name (Print) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Parent or Legal Guardian (A parent/legal guardian must also read and sign this agreement.) As the parent or legal guardian of the above name-student, I have read, understand and agree that my child shall comply with the terms of the District's policy regarding District-Provided Access to Electronic Information, Services and Networks for the student's access to the District's computer network and/or the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this Agreement and agree to indemnify and hold harmless the District, the Trustees, Administrators, teachers and other staff against all claims, damages, losses, and costs, of whatever kind that may result from my child's use of his/her access to such networks or his/her violation of the District's policy. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting. I hereby give my child permission to use the building-approved account to access the District's computer network and the Internet.

Parent / Legal Guardian (Print): _____

Signature: _____

Home Phone: _____ Address: _____

Date: _____

This agreement is valid for the 2017 - 2018 school year only.

Please return to the teacher by September 8, 2017. Thank you for your cooperation.

Wisdom School Grievance Form

Date(s), time(s), and place(s) the incident(s) occurred. _____

Parties involved: _____

Nature of the grievance:

Were other individuals involved in the incident(s)? yes no

If so, name the individual(s) and explain their role(s). _____

Did anyone witness the incident(s)? yes no

If so, name the witnesses. _____

Describe the incident(s). _____

Did you take any action in response to the incident(s)? yes no

If yes, what action did you take? _____

Were there any prior incidents? yes no

If so, describe any prior incidents. _____

Have you discussed the incident with the parties involved? yes no

If yes, on what date? _____

Have you discussed the incident(s) with the Supervising Teacher? yes no

If yes, on what date? _____

Remedy requested in resolving the incident(s). _____

Signature of complainant _____

Date _____

Signature of parent/legal guardian _____

Date _____

Application for Approval of Early Release for Extracurricular Activities

Date: _____ **Name of Student:** _____ **Grade:** _____

Duration of absence (day of week and time): _____

Beginning Date: _____

End Date: _____

Explanation of activity: _____

Verifying the Activity

Name: _____

Address: _____

Phone Number: _____

It is the responsibility of a parent/guardian/custodian to acquire any missed homework or assignments and to see that such is completed by the terms outlined below. The action plan for make-up work is at the discretion of the teacher and/or Board of Trustees.

Action plan for make-up work: _____

Student signature

Date

Parent signature

Date

Approved **Denied**

Teacher signature

Date

Approved **Denied**

Trustee signature

Date

Approved **Denied**

Trustee signature

Date

Approved **Denied**

Trustee signature

Date

2017 - 2018 STUDENT - PARENT HANDBOOK ACKNOWLEDGMENT

I have received a 2017-2018 Wisdom School Student/Parent Handbook. I understand that the handbook contains information that my child and I may need during the school year. I understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the handbook.

Print name of student

Signature of parent

Signature of student

Date

2017 - 2018 VOLUNTEER AUTO INSURANCE REQUEST FORM

The Wisdom Elementary School District appreciates the work performed by volunteer drivers to assist with different activities of the District.

The insurance carrier for the District requires that you carry a minimum of \$300,000 liability on your car insurance before you are authorized to transport students (other than your own). Please provide the following information so we may get you approved to transport students.

Volunteer Name _____

Name of insurance company _____

Limit of auto liability insurance _____

Do you have a valid driver's license? Yes _____ No _____

If yes, please provide your driver's license number _____

Signature

Date

Please return to the teacher by September 8, 2017. Thank you for your cooperation.

Wisdom Elementary
Health Screening Information

School Year: **2017-2018**

Dear Parent/Guardian:

The Beaverhead County Health Department performs the District's yearly student health screenings. This year's screening will be held at the Wisdom School. The screenings that are conducted are height, weight, vision, dental/oral and hearing. The purpose of these screenings is to recognize, at the earliest times, any deviation from normal so that the need for referral for treatment or consultation can be determined.

Confidentiality of health screening results is strictly maintained. Parents are encouraged to contact their child's teacher if they wish to be present at the time of the screening.

You may opt out or refuse any of the screenings for your child by checking any exemption below.

After selecting your preference(s) below, please sign, date, and return the form to your child's teacher.

_____ Student's Name _____ Date of Birth _____ Grade

_____ **DO NOT** screen my child for height.

_____ **DO NOT** screen my child for weight.

_____ Please screen my child. _____ **DO NOT** screen my child for vision.

_____ **DO NOT** screen my child for dental/oral.

_____ **DO NOT** screen my child for hearing.

_____ Parent/Guardian Signature

_____ Date