What is a concussion?
A concussion is a type of traumatic 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?
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

<table>
<thead>
<tr>
<th>SYMPTOMS REPORTED BY ATHLETE</th>
<th>SIGNS OBSERVED BY PARENTS/GUARDIANS</th>
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</thead>
<tbody>
<tr>
<td>Headache or “pressure” in head</td>
<td>Appears dazed or stunned</td>
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<tr>
<td>Nausea or vomiting</td>
<td>Is confused about assignment or position</td>
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<tr>
<td>Balance problems or dizziness</td>
<td>Forgets an instruction</td>
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<tr>
<td>Double or blurry vision</td>
<td>Is unsure of game, score, or opponent</td>
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<tr>
<td>Sensitivity to light</td>
<td>Moves clumsily</td>
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<tr>
<td>Sensitivity to noise</td>
<td>Answers questions slowly</td>
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<tr>
<td>Feeling sluggish, hazy, foggy, or groggy</td>
<td>Loses consciousness (even briefly)</td>
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<tr>
<td>Concentration or memory problems</td>
<td>Shows mood, behavior, or personality changes</td>
</tr>
</tbody>
</table>

How can you help your child prevent a concussion or other serious brain injury?
- 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. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?
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 regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and 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 repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It’s better to miss one game than the whole season.
For more information, visit www.cdc.gov/Concussion.
CONCUSSION AWARENESS
EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by:

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Participant Grade

School Year

Date

Date

Return this signed form to the school or coach that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the education materials available for future reference.
RETURN TO ACTIVITY & POST-CONCUSSION CONSENT FORM

This form is to be used after an athlete is removed from and not returned to activity after exhibiting concussion symptoms. MHSA rules require 1) Unconditional written authorization from a physician (MD/DO/Physician's Assistant/Nurse Practitioner), and 2) Consent from the student and parent/guardian. Both Sections 1 & 2 of this form must be completed prior to a return to activity. This form must be kept on file at the school and emailed to concussion@mhsaa.com or faxed to 517-332-4071.

Student: __________________________________ School: __________________________________

Event/Sport: ______________________ Date of Injury: ____________________________

1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner

- The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-activity progression. The medical examiner must approve the student’s return to unrestricted activity.

- Individual schools, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.

- A school or health care facility may use a locally created form for this portion of the return-to-activity protocol, provided it complies with MHSA regulations. (See MHSA Protocol.)

I have examined the above named student-athlete following this episode and determined the following: ____________________________________________________________

Permission is granted for the athlete to return to activity (may not return to practice or competition on the same day as the injury).

SIGNATURE (must be MD or DO or PA or NP – circle one)

Examiner's Name (Printed): ___________________________________________

2. Post-Concussion Consent from Student and Parent/Guardian.

- I am fully informed concerning, and knowingly and voluntarily consent to, my/my child's immediate return to participation in athletic activities; I understand, appreciate, acknowledge, and assume the risks associated with such return to activity, including but not limited to concussions, and agree to comply with all relevant protocols established by my/my child's school and/or the MHSA; and I/my child has been evaluated by, and has received written clearance to return to activity from an M.D., D.O., Physician's Assistant or Nurse Practitioner.

- In consideration of my/my child’s continued participation in MHSA-sponsored athletics, I/we do hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSA-sponsored sport.

- I/we consent to the disclosure to appropriate persons, consistent with HIPAA and FERPA, of the treating medical examiner's written statement.

Student’s Signature (Required): __________________________ Date: ________________

*Parent/Guardian’s Name __________________________ *Parent/Guardian’s Signature: __________________________

*Required if student is less than 18 years of age.

SEE REVERSE FOR OTHER CONCUSSION RELATED INFORMATION INCLUDING INSURANCE
THIS FORM SHOULD BE KEPT ON FILE AT THE SCHOOL FOR SEVEN YEARS FOLLOWING THE
STUDENT'S HIGH SCHOOL GRADUATION.

Print Year of HS Graduation: ________
Schools must report concussion events online while logged into MHSAA.com. Report any concussion event in all levels of all MHSAA sports where a student is withheld from activity. This is a separate process from the Return to Activity and Post-Concussion Consent Form on the reverse side.

MHSAA Concussion Care Insurance

The Michigan High School Athletic Association is providing athletic participants at each MHSAA member junior high/middle school and high school with additional insurance that is intended to pay accident medical expense benefits resulting from a suspected concussion. The injury must be sustained while the athlete is participating in-season at an MHSAA covered activity. Policy limit is $25,000 for each accident. Covered students, sports and situations follow the catastrophic accident medical insurance.

This new program intends to assure that all eligible student-athletes in MHSAA member schools in grades 6 through 12, male and female, in all levels of all sports under the jurisdiction of the MHSAA, receive prompt and professional attention for head injury events even if the child is uninsured or under-insured. Accident medical deductibles and co-pays left unpaid by other policies are reimbursed under this program to the limits of the policy.

The Concussion Care Insurance corresponds with the MHSAA Catastrophic Accident Medical Insurance Policy which pays up to $500,000 for medical expenses left unpaid by other insurance after a deductible of $25,000 per claim in paid medical expenses has been met. All students enrolled in grades 6 through 12 at MHSAA member schools who are eligible under MHSAA rules and participating in practices or competition in sports under the MHSAA’s jurisdiction are covered by this policy for injuries related to their athletic participation.

Concussion Insurance Claims Administrator
Additional Information

Ms. Terri Bruner
K & K Insurance Group
1712 Magnavox Way
Fort Wayne, IN 46801
Phone: 800-237-2917 Fax: 312-381-9077
Email: Terri.Bruner@kandkinsurance.com

Claim Forms can be found on MHSAA.com, Health & Safety (upper right corner). See Concussion Insurance Benefits Information and Forms