



PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician's assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.
2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician's assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
 - The signature must be hand-written. No signature stamps will be accepted.
 - The signature and license number must be affixed on page three (3).
 - The parent signatures must be affixed to the form on pages two (2) and five (5).
 - The student-athlete signature must be affixed to pages two (2) and five (5).

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

SPORTSMANSHIP FROM A TO Z

- Accept and abide by the decisions of the contest officials.
 - Be a good host to opponents and treat them as guests.
 - Cooperate with the coach, players, and cheerleaders in trying to promote sportsmanship.
 - Do unto others as you would have them do unto you.
 - Encourage players to play hard and fair.
 - Follow the rules of the contest at all times.
 - Good sportsmanship is the "Golden Rule" in action.
 - Hold assemblies before contests to encourage students to display proper behavior.
 - Intervene when inappropriate language or behavior is observed.
 - Judgement calls on the part of the officials are not reason for inappropriate behavior.
 - Know, understand, and appreciate the rules of the contest.
 - Lose without excuses, win without boasting.
 - Model language and behavior that is non-biased and is inclusive of individuals regardless of ethnicity, race, religion, sex, or disability.
 - Never criticize players or coaches for the loss of a game.
 - Opposing coaches, participants, cheerleaders, and fans must be respected at all times.
 - Provide opportunities for informing student and adult spectators of their responsibility to uphold the standards of sportsmanship.
 - Questioning an official's call or making negative comments about an official is unacceptable behavior.
 - Recognize and show appreciation for an outstanding play regardless of the team the player is on.
 - Shake hands with opponents prior to the contest and wish them good luck.
 - Teach sportsmanship and demand that your players be good sports.
 - Use cheerleaders, pep groups, and other student leaders to help develop a sportsmanship program.
 - Victory celebrations and unscheduled game rallies should not be permitted at events sponsored by your school.
 - Work cooperatively with officials and other contest personnel for an efficient contest.
 - Exercise self-control and be a good example for players and spectators.
 - Yelling, booing, or heckling an official's decision are unacceptable.
 - Zero in on sportsmanship – it's priority #1.
- Remember, in athletics, as in life, **CHARACTER COUNTS!**

PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ IHSAA Member School _____

PHYSICIAN REMINDERS

- 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 last 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 use any other appearance/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, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14)



EXAMINATION					
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female			
BP / (/)	Pulse	Vision R 20/	L 20/	Corrected? Y N	
MEDICAL			NORMAL	ABNORMAL FINDINGS	
Appearance					
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)					
Eyes/ears/nose/throat					
• Pupils equal					
• Hearing					
Lymphnodes					
Heart					
• Murmurs (auscultation standing, supine, +/- Valsalva)					
• Location of point of maximal impulse (PMI)					
Pulses					
• Simultaneous femoral and radial pulses					
Lungs					
Abdomen					
Genitourinary (males only)					
Skin					
• MSV, lesions suggestive of MRSA, tinea corporis					
Neurologic					
MUSCULOSKELETAL					
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS
Neck			Knee		
Back			Leg/ankle		
Shoulder/arm			Foot/toes		
Elbow/forearm			Functional		
Wrist/hand/fingers			• Duck-walk, single leg hop		
Hip/thigh					

Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
 Not cleared Pending further evaluation For any sports

Reason _____
 Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____
 Address _____ Phone _____ License # _____
 Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

PREPARTICIPATION PHYSICAL EVALUATION
IHSAA ELIGIBILITY RULES



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSJET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

PREPARTICIPATION PHYSICAL EVALUATION
CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X)
 Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out**:
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space**:

<input type="checkbox"/> The student has school student accident insurance.	<input type="checkbox"/> The student has football insurance through school.
<input type="checkbox"/> The student has adequate family insurance coverage.	<input type="checkbox"/> The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X)
 Printed: _____

Date: _____ Parent/Guardian Signature: (X)
 Printed: _____

CONSENT & RELEASE CERTIFICATE
 Indiana High School Athletic Association, Inc.
 9150 North Meridian St., P.O. Box 40650
 Indianapolis, IN 46240-0650

File In Office of the Principal
 Separate Form Required for Each School Year

**CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): _____

Sport Participating In (if Known): _____ Date: _____

IC 20-34-7 "Student Athletes: Concussions and Head Injuries" requires schools to distribute information sheets to inform and educate student athletes 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. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach. The law further states that a high school athlete 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 athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and not less than twenty-four (24) hours have passed since the student athlete was removed from play.

Parent - please read the attached "Heads Up – Concussion in High School Sports – A Fact Sheet for Parents" and ensure that your student athlete has also received and read "Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes". After reading these fact sheets, please sign below and ensure that your student athlete also signs the form. Once signed, have your student athlete return this form to his/her coach.

I am a student athlete participating in the above mentioned sport. I have received and read the Student Athlete Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read the Parent Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Parent or Guardian)

(Date)

ATHLETIC CONCUSSION PROTOCOL

Based on Zurich International Concussion Guidelines 2012:

The player should not be left alone during the first 24 to 48 hours following concussion and serial monitoring should be done as necessary. It can be normal for the patient to sleep or nap more following a concussion. However, the patient should go to a hospital if they:

- Have a headache that gets worse, are very drowsy or can't be awakened, can't recognize people or places, have repeated vomiting, behave unusually or seem confused; are very irritable, have seizures (arms and legs jerk uncontrollably), have weak or numb arms or legs, are unsteady on their feet; have slurred speech, or has understanding speech or directions.
- If the player is 14 or under, has had a previous concussion in the last 12 months, or 2 or more concussions prior to this concussion- a minimum of 7 days from time/date of concussion will be used for return to play.
- If the player is 15 or older, without previous concussion in the last 12 months, or only 1 concussion longer than 12 months ago- a minimum of 5 days from time/date of concussion will be used for return to play.
- If an athlete has already been tested with neurocognitive computer testing, it is recommended that a follow-up test be performed after the athlete has been symptom free for 24 hours but may be done more than once throughout the course of management.

Progression should take approximately 1 week with return to play and only increase a step if asymptomatic on previous step. Steps should be about 24 hours apart:

- | | |
|--------------------------------|---|
| 1. Rest | 24-48 hours post injury or until asymptomatic |
| 2. Light aerobic activity | Walking, swimming, max HR < 70%, no resistance training |
| 3. Sport Specific Exercise | Skating drills in hockey, running drills in soccer |
| 4. Non-contact training drills | More complex training drills ex. Passing drills in hockey |
| 5. Full contact practice | All normal practice activities |
| 6. Return to play | Normal Game Play |

If the athletic trainer is concerned that the athlete has been returned to play inappropriately, they will contact the Sports Medicine Medical Director and follow the IHSAA guidelines regarding return to play with concussions. The Sports Medicine Medical Director may require that the athlete be seen by themselves prior to return to play for final clearance in accordance with IHSAA guidelines. All returning athletes from a concussion must have appropriate documentation on file before any practice or competition following a concussion signed by a physician.

SUDDEN CARDIAC SYMPTOMS PROTOCOL

In accordance with Indiana House Bill 1290, beginning January 2015, any athlete reporting or exhibiting any symptoms related to possible sudden cardiac arrest will be immediately removed from participation in their sport. This includes, but is not limited to:

Chest Pain; Fainting; Dizziness; Shortness of Breath; An Abnormally Rapid Heartbeat; Irregular Heartbeat

Once removed from participation, the athlete's parent will be notified, and the athlete will not be allowed back into competition until cleared back by the athletic trainer, nurse practitioner, or physician. At minimum the athlete will undergo appropriate American Heart Association guidelines screening including history and physical examination. But other more advanced screening or testing may be warranted on a case by case basis in order to adequately clear an athlete back into participation. If an athlete is cleared back and there are any questions or concerns regarding the athlete's clearance, the case will be reviewed by the Medical Director of Sports Medicine at LaPorte Hospital. The Sports Medicine Director may require that the athlete be seen by themselves or a cardiologist prior to return to play for final clearance.

CONSENT FOR TREATMENT, RELEASE OF INFORMATION, AND RETURN TO PARTICIPATION

I understand that if my child sustains an injury during his/her athletic season, the **Knox Community Schools** Certified Athletic Trainer may disclose injury information to my child's specific coach (or the designated member of that coaching staff), the **Knox Community Schools** Administration, any treating physicians, and/or Medical Director.

In the event of an injury, I hereby authorize the **Knox Community Schools** Certified Athletic Trainer to provide sports medicine services to my child. In the event that an injury is suspected or has occurred, the Athletic Trainer will determine whether an athlete may participate and at what capacity. All questions or concerns regarding an athlete's participation may be reviewed by the Team Physician/Medical Director of Sports Medicine at LaPorte Hospital, and a ruling will be directed through the Athletic Trainer. If the athlete is seen by another physician, any treatment to be given by the Athletic Trainer must be authorized in written form. Following a physician release, the Athletic Trainer will determine if an athlete should return to activity based on a complete functional assessment of the athlete and the determination that the athlete is both physically and mentally ready to return. Other services may include but are not limited to: administering first aid and providing initial treatment and assessment of acute injuries.

As a parent, of a member of the **Knox Community Schools** athletic squad, I have also read and understood the Athletic Concussion Protocol and Sudden Cardiac Symptom Protocol.

Parent/Guardian Printed Name

Parent/Guardian Signature

Student/Athlete's Printed Name

Date

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help 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.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

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:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • 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 • Just “not feeling right” or “feeling down” 	<ul style="list-style-type: none"> • 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 mood, behavior, or personality changes

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.

