

SOUTH HILLS MIDDLE SCHOOL CONCUSSION ACKNOWLEDGEMENT FORM

The purpose of this document is to inform parents and student-participants of the signs and symptoms of a concussion/head injury and describe the inherent risk associated with participation in middle school activities.

A concussion is a type of traumatic brain injury– or TBI– caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head & brain to move quickly back & forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain & sometimes stretching & damaging the brain cells.

Signs & 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 an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with the permission from a health care professional experienced in evaluating for concussions.

Athlete Reported Symptoms:

- Headache or “Pressure” in the Head
- Nausea or Vomiting
- Dizziness or Balance Problems
- Blurry or Double Vision
- Sensitivity to Light
- Sensitivity to Noise
- Feeling Sluggish, Hazy, Foggy or Groggy
- Concentration or Memory Problems
- Confusion
- Just not “feeling right” or is “feeling down”

To return to play after a concussion, the athlete must be cleared by a doctor and provide documentation to the school and/or coach.

PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGEMENT

I, _____, by signing below, hereby acknowledge that the Twin Falls School District has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

Student Name (Print)

Student Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date