

**LHSAA MEDICAL HISTORY EVALUATION**

**IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.**

Name: \_\_\_\_\_ School: Catholic High School Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

**ATHLETE'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

**ATHLETE MEDICAL HISTORY:** Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosi
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medications _____						

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

**PARENTS' WAIVER FORM**

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary..... **Yes** **No**
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately..... **Yes** **No**
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school..... **Yes** **No**
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s) ..... **Yes** **No**

Date Signed by Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Typed or Printed Name of Parent \_\_\_\_\_

**II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPTHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)**

Height _____	Weight _____	Blood Pressure _____	Pulse _____
--------------	--------------	----------------------	-------------

**GENERAL MEDICAL EXAM :**

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OPTIONAL EXAMS:**

**VISION:**  
 L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected: \_\_\_\_\_

**DENTAL:**  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

**ORTHOPAEDIC EXAM :**

	Norm	Abnl
<b>I. Spine / Neck</b>		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Upper Extremity</b>		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
<b>III. Lower Extremity</b>		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.

- Student is cleared  
 Cleared after further evaluation and treatment for: \_\_\_\_\_  
 Not cleared for: \_\_contact \_\_non-contact

Printed Name of MD, DO, APRN or PA \_\_\_\_\_ Signature of MD, DO, APRN or PA \_\_\_\_\_ Date of Medical Examination \_\_\_\_\_

This physical expires one year from the date it was signed and dated by the MD, DO, APRN or PA.

# Louisiana High School Athletic Association

## Athletic Participation/Parental Permission Form

This form must be completed and signed by the student-athlete's parent prior to a student's participation in an athletic contest and shall be kept on file with the school. It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school. This form is subject to review/inspection by the LHSAA or its representative.

### PART I: STUDENT INFORMATION (Please Print)

Student's Name: (Last, First, Middle) \_\_\_\_\_ School Year: 2018-2019

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

My child entered ninth grade in \_\_\_\_\_ (month and year). Last semester/year he/she attended \_\_\_\_\_ High School.

### ARE YOU ELIGIBLE?

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

<u>RULE</u>	<u>COMMENTS</u>
<b>BONA FIDE STUDENT</b>	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 <sup>th</sup> grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
<b>ENROLLMENT</b>	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
<b>AGE</b>	A student shall not become 19 years of age prior to September 1 of this year.
<b>PROOF OF AGE</b>	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
<b>CONSECUTIVE SEMESTERS</b>	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.20.6 of the LHSAA handbook)
<b>SCHOLASTIC</b>	For regular education high school students at the end of the first semester a student shall <b>pass at least six subjects</b> in all subjects taken.  At the end of the year and prior to the next school year, a student shall must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.  Special education students must consult the school principal, athletic director, or coach for scholastic information.
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
<b>UNDUE INFLUENCE</b>	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
<b>AMATEUR</b>	A student cannot play high school athletics if he/she loses their amateur status.
<b>INDEPENDENT TEAM</b>	In certain sports a student cannot play on a school team and an independent team during the same sport season.

**MEDICAL EXAMINATION**

A student shall **annually** pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

**ATHLETIC PARTICIPATION/  
PARENTAL PERMISSION FORM**

A school shall **only** be required to have this form completed and signed prior to **the first time a student participates** in LHSAA athletics at the school **unless the student transfers to another member school.**

**SUBSTANCE ABUSE/MISUSE  
CONTRACT & CONSENT FORM**

A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.

**SUSPENDED AND  
INELIGIBLE STUDENTS**

Shall not participate in any interscholastic contest on any team at any school at any level.

**LHSAA ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS**

Eligibility to participate in interscholastic athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

**ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBILITY RULES**

**PART II – PARENTAL PERMISSION**

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed **on this form** is my sole bona fide residence and **that I** will notify the school principal immediately of any change in **my** residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or it representative(s) permission to review my child's scholastic records and all required eligibility forms **however submitted by the school or myself.**

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for **my child** to participate in **any** of the following LHSAA sports:

- BASEBALL
- BASKETBALL
- BOWLING
- CROSS COUNTRY
- FOOTBALL
- GOLF
- GYMNASTICS
- POWERLIFTING
- SOCCER
- SOFTBALL
- SWIMMING
- TENNIS
- TRACK AND FIELD
- VOLLEYBALL
- WRESTLING

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_



## LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

*This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.*

As an LHSAA athlete, I, \_\_\_\_\_, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, \_\_\_\_\_, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Student Athlete

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

Dated: \_\_\_\_\_

\_\_\_\_\_  
Principal

Dated: \_\_\_\_\_

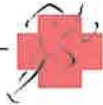
\_\_\_\_\_  
Head Coach

**1.9 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES** - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

**1.9.1** The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:

1. A school shall be fined \$50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed \$500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

**Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.**



ATHLETE NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: CHS Sport(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
(Required for LHSAA eligibility)

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

Address: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

- Select One
- PRIVATE INSURANCE (NAME/ID#): \_\_\_\_\_
- MEDICAID (ID#): \_\_\_\_\_
- NO INSURANCE: I understand and agree that Catholic High School-New Iberia and Louisiana Athletic Care will assume no responsibility whatsoever, if the student-athlete is uninsured, for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in extracurricular athletics. \_\_\_\_\_ (initial)

FAMILY PHYSICIAN/PCP: \_\_\_\_\_

**IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

(1) NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical History Please check all that apply:** Circulatory / Pulmonary Conditions \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Concussion \_\_\_\_\_ Contacts/Glasses \_\_\_\_\_ Other \_\_\_\_\_ Current Meds(List) \_\_\_\_\_

If checked above please explain: \_\_\_\_\_

**Parent or Legal Guardian please read the following:**

- I hereby give my permission to undergo medical treatment for any injury or illness that may be sustained or acquired during high school athletics by a licensed athletic trainer with Louisiana Athletic Care.
- I authorize the health care providers of the above named athlete to disclose medical information and receive information regarding the injury and treatment of named individual to the following representatives of Catholic High School-New Iberia: Athletic Director, Athletic Trainer, Team Physician, Treating/Consulting Physician, Team Coach, and Administrative Assistant to the Athletic Director for the purposes of treatment, prognosis, emergency care, injury record-keeping, and gradual return to play protocol(s).
- I understand that the licensed athletic trainer will perform only those procedures that are within their training, credentials, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries.
- I understand that if my son/daughter suffers a potentially life threatening injury or illness, and in the event that we [parent(s)/ guardian(s)] cannot be reached within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.
- I verify that I understand that my child may be injured while participating in any high school athletic practice or competition.
- I understand that it is possible that my child may sustain an injury which may result in permanent disability, paralysis, or possibly death.
- I understand that paralysis may include loss of movement, feeling, and use of his/her arms, legs, and trunk that may last a lifetime.
- I understand that it is my child's responsibility to adhere to all the rules and regulations of his/her chosen sport and that any infraction of these rules and regulations may result in injury to his/her opponent or his/herself. I also understand that no modification of protective equipment or uniform should be made.
- I understand that it is my child's responsibility to report faulty or poor fitting equipment immediately to the coach, equipment manager, or athletic trainer.
- I understand that all injuries and illnesses sustained by my child are to be reported to the athletic trainer.
- I have read, reviewed, and understand the Serious Sports Injury handout (printed and or digital format) regarding ACT 352 (LA R.S. 40:1299.181, et sequa) provided by Louisiana Athletic Care, LLC.
- I have read, reviewed, and understand the Concussion Solutions, LLC handout (printed and or digital format) regarding concussion management (LA R.S. 40:1299.181, et sequa) and education provided by Concussion Solutions, LLC.
- I hereby authorize the release of copies of all current and past medical records pertaining to my medical history, including all physical and athletic training records, diagnosis, treatment history, and prognosis of injuries from your personal knowledge and/or records to Louisiana Athletic Care's athletic trainers and medical staff(s). By my signature below I release you from all liability which could relate to the release of such medical records and information.
- A photo copy of this authorization shall be deemed as effective and valid as the original.

**I do hereby certify that all the above information is true to the best of my knowledge and consent to the above:**

Student-Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Parent/Legal Guardian:

Your school/school system has teamed up with Concussion Solutions, LLC to provide a cutting edge concussion management program that will give parents, coaches, and student athletes' access to a team of experts trained specifically in the management of sport-related concussions. This partnership combines local certified athletic trainers (ATC), physicians who are trained in the evaluation, treatment, and management of sport related concussions, and the most current technology to provide the only comprehensive concussion management solution in this area. Concussion Solutions utilizes a return-to-play/academics protocol and current management strategies that are in accordance with the "Louisiana Youth Concussion Act" (*Act 314*) in an effort to maintain the highest standard of safety for your student-athlete.

In the United States, the incidence of sports-related concussion is estimated between 1.6 to 3.8 million per year. Estimates regarding the likelihood of a student athlete in a contact sport experiencing a concussion may be as high as 19% per season. In a study done in 2008 on a nationwide sample of 5 to 18 year olds, 135,000 sport-related concussion emergency room visits accounted for approximately \$133 million annually in charges to the parents of student athletes. If you think these numbers are alarming, what's more alarming is the fact that there are hundreds of thousands of sport-related concussions that go unreported every day. With the increased awareness of sport-related concussions over the last few years at both the professional and collegiate levels, wouldn't it make sense to protect what's most precious to you?

In order to better manage concussions sustained by the student athletes, your school/school system will take advantage of a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to help successfully manage sport related concussions. If an athlete is suspected to have suffered a brain injury during practice or competition, ImPACT (along with a series of other appropriate test) is used to help determine the severity of brain injury and when the injury has safely resolved.

The computerized baseline exam is given to student athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 30-45 minutes (10-15 minute demographic section, and 20-25 minutes of actual test time) to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason baseline physical of cognitive brain function. It tests information such as memory, reaction time, processing speed, and concentration along with a 22-item symptom scale that takes into account the student athletes "normal" everyday symptoms. It, however, is not an IQ test nor is it a "pass/fail" type of test.

If a concussion is suspected, the student athlete will be required to re-take the test at certain intervals deemed appropriate by Your school/school system's medical staff and the desired appropriate healthcare provider (in accordance with "Louisiana Youth Concussion" ACT 314). Both the preseason and post-injury test data is reviewed by an appropriate healthcare provider (*Credentialed ImPACT Consultant*) and an independent certified athletic trainer who are both trained and highly qualified in modern concussion evaluation, treatment, and management. The test data will enable these healthcare professionals to determine when return-to-play/return-to-class is appropriate and safe for the injured student athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student athlete. We are excited to implement this program given that it provides us the best available information for properly managing concussions and preventing potential brain damage that can occur with concussions. Your school/school system's administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience.

Professionally,

Tommy Dean, ATC/LAT  
Owner/Member  
Concussion Solutions, LLC

- SPORT - RELATED -

# CONCUSSION

## A FACT SHEET FOR STUDENT-ATHLETES

### WHAT IS A CONCUSSION?

A **concussion is a brain injury** which results in a temporary disruption of normal brain function and can be caused by any, but not limited to, the following:

- A blow to the head or body from contact with another player, hitting a hard surface such as the ground or court, or by being hit by a piece of equipment such as a bat or ball
- A “whiplash” effect after a blow to the body that results in a violent shaking of the head from front to back, side to side, or even a rotational force such as a soccer header or a facemask being grabbed and the neck being forcefully twisted

#### A Concussion:

- Can happen during practice or competition in *ANY* sport
- Can happen even if you do not lose consciousness
- Can change the way your brain normally works
- Presents itself differently in every athlete
- Can range from mild to severe but are equally as serious

### HOW CAN I PREVENT A CONCUSSION?

**Basic steps you can take to protect yourself from a concussion:**

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on the head, hitting an unprotected opponent, and objects to the head all cause concussions.
- Practice good sportsmanship at all times
- Follow the rules of the sport
- Practice and perfect the skills of the sport

### WHAT ARE THE SIGNS & SYMPTOMS OF A CONCUSSION?

You can't “see” a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury and can sometimes last for weeks, months, or even longer in some cases. Concussions occur most frequently in football, but men's/women's soccer, men's/women's basketball, volleyball, and wrestling follow closely behind. All student-athletes are at risk. Concussion signs and symptoms include, but are not limited to, the following:

- ✓ *Amnesia or Confusion*
- ✓ *Headache*
- ✓ *Nausea (feeling that you might vomit)*
- ✓ *Double or fuzzy vision*
- ✓ *Loss of consciousness*
- ✓ *Balance problems or dizziness*
- ✓ *Sensitivity to light or noise*
- ✓ *Feeling sluggish, foggy, or groggy*
- ✓ *Feeling unusually irritable*
- ✓ *Slowed reaction time*
- ✓ *Concentration or memory problems*
- ✓ *Sleeping too little and/or too much*

Concussion may cause one or multiple symptoms that can interfere with school, work, and social life. Exercise or activities that involve a lot of concentration such as studying, working on the computer or mobile device, or video games may cause concussion symptoms (such as headaches or tiredness) to reappear or get worse.

***IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.***



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

- ✓ **Don't hide it.** Tell your athletic trainer, parent, and/or coach. Never ignore a blow to the head. What you think of as just having your “bell rung” or being “dinged” is still serious. Also, tell your athletic trainer and/or coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can be examined by an appropriate health care professional.
- ✓ **Report it.** Do not return to participation in a game, practice or other activity with symptoms. The sooner you get examined, the sooner you may be able to return to play safely.
- ✓ **Get checked out.** With the team work of your certified athletic trainer and a physician who is trained in concussion management they can tell you if you have had a concussion and when it is safe for you to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, classroom performance, and sleep patterns.
- ✓ **Take time to recover.** 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 repeat concussion. In some cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole quality of life.

- SPORT - RELATED -

# CONCUSSION

## A FACT SHEET FOR PARENTS

### WHAT IS A CONCUSSION?

Of the approximately 44 million student-athletes in the United States who annually compete in organized sports, the Centers for Disease Control and Prevention estimates that between 1.6 and 3.8 million concussions occur in sports and recreational activities each year, although recent studies suggest the incidence may be significantly higher. *A concussion is a brain injury* which results in a temporary disruption of normal brain function and can be caused by any, but not limited to, the following:

- A blow to the head or body from contact with another player, hitting a hard surface such as the ground or court, or by being hit by a piece of equipment such as a bat or ball
- A “whiplash” effect after a blow to the body that results in a violent shaking of the head from front to back, side to side, or even a rotational force such as a facemask being grabbed and the neck being forcefully twisted

A concussion can happen during practice or competition in ANY sport. A concussion is not a structural injury (i.e., skull fracture), but can better be described as a metabolic dysfunction that leaves the brain in a very vulnerable state and can change the way your brain normally works. This metabolic dysfunction can cause a myriad of symptoms that may not present themselves until hours or even days after the injury and typically presents differently for each student-athlete. Thus, each injury should be managed individually. A concussion can happen even if your child does not lose consciousness.

Proprietary Material for Internal Use - Please do not duplicate

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

You can’t “see” a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury and can sometimes last for weeks, months, or even longer in some cases. Concussion may cause one or multiple symptoms that can interfere with athletics, school, work, and social life. Concussions occur most frequently in football, but men’s/women’s soccer, men’s/women’s basketball, volleyball, and wrestling follow closely behind. All student-athletes are at risk. Concussion signs and symptoms include but are not limited to the following:

- |   |   |
|---|---|
| ✓ <i>Appears dazed or stunned</i>                 | ✓ <i>Headache or “pressure” in head</i>                 |
| ✓ <i>Is confused about assignment or position</i> | ✓ <i>Nausea or vomiting</i>                             |
| ✓ <i>Forgets plays</i>                            | ✓ <i>Balance problems or dizziness</i>                  |
| ✓ <i>Is unsure of game, score or opponent</i>     | ✓ <i>Double or blurry vision</i>                        |
| ✓ <i>Moves clumsily</i>                           | ✓ <i>Sensitivity to light and/or noise</i>              |
| ✓ <i>Answers questions slowly</i>                 | ✓ <i>Having trouble sleeping too much or too little</i> |
| ✓ <i>Loses consciousness (even briefly)</i>       | ✓ <i>Feeling sluggish, hazy, foggy or groggy</i>        |
| ✓ <i>Shows behavior or personality changes</i>    | ✓ <i>Concentration or memory problems</i>               |
| ✓ <i>Can’t recall events before hit or fall</i>   | ✓ <i>Confusion</i>                                      |
| ✓ <i>Can’t recall events after hit or fall</i>    | ✓ <i>Does not “feel right”</i>                          |

→ {More Information on Back} →

***“When in doubt, sit them out!”***

*Concussion Solutions is the exclusive provider of a Health Management System that establishes the highest standard of care for safe return to activity by coordinating communication between the coach, parent, student athlete, school administration, and local medical experts that utilize industry leading tools in the diagnosis and treatment of sports related concussion.*





## WHAT SHOULD I DO IF I THINK MY CHILD HAS SUSTAINED A CONCUSSION?

If your child is suspected of having a concussion, he or she must be immediately removed from practice or competition. Do not allow your child to just “*shake it off*” from hits that may cause his or her “*bell*” to be “*rung*”. Even a “*ding*” should NOT be minimized when dealing with youth concussion. Continuing to participate in physical activity after a concussion can exacerbate concussion symptoms, increase the risk for further injury, and even result in death. Parents and coaches are not expected to be able to “diagnose” a concussion, as that is the job of a qualified medical health care provider. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious or concerned then your child must stop playing immediately.

Following a concussion your child may experience some difficulty in school. Often they can have difficulties with short and long-term memory, concentration, or organization. Accommodations may have to be made on a case by case basis through the schools certified athletic trainer and appropriate administration.

## WHEN CAN AN ATHLETE RETURN TO PLAY FOLLOWING A CONCUSSION?

After suffering a concussion, your child **SHOULD NOT** return to play or practice on that same day. Concerns over student-athletes returning to play too quickly have led Louisiana state lawmakers to pass the “Louisiana Youth Concussion Act” (ACT 314) which states that no student-athlete shall return to play following a concussion on that same day and that the student-athlete must be cleared by an appropriate health care provider that is properly trained in the evaluation, treatment, and management of sport-related concussion before he or she is allowed to return to play in games or practices. The schools certified athletic trainer can properly manage the injury under the direct supervision of the trained physician. The law also mandates that coaches, officials, parents, and student-athletes receive education on recognizing the signs and symptoms of concussion.

Once your child no longer has symptoms of a concussion and is cleared to return to play by an appropriate health care provider with appropriate training in the evaluation, treatment, and management of sports related concussion he or she should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. If symptoms occur at any step, the athlete should cease activity and under supervised instruction return to the previous days step.

## WHAT CAN I DO AS A PARENT?

Both you and your child should learn to recognize the “signs and symptoms” of concussion as listed above. You should know your child better than anyone else and be able to tell when “something just isn’t right”. Also, instruct your child to tell the schools certified athletic trainer or coach if he or she experiences such symptoms. Be mindful to monitor sports equipment for safety, fit, and maintenance. Any questions or concerns should be directed to your respective schools certified athletic trainer for appropriate education on this injury.

## ADDITIONAL RESOURCES

- Visit us online at: [www.concussion-solutions.com](http://www.concussion-solutions.com)
- Follow us on Facebook: [www.facebook.com/ConcussionSolutions](http://www.facebook.com/ConcussionSolutions)
- Follow us on Twitter: [@CSolutionsLLC](https://twitter.com/CSolutionsLLC)



## Parent and Athlete Notification of the Risk of Serious Injury in Athletics

Pursuant to Act 352 of the 2011 Louisiana Legislative Session, before a student is allowed to participate in any school-sponsored or school sanctioned athletic activity, the student and parents or guardian of the student shall document they have viewed information provided in written or verifiable electronic form by the school regarding the risks of serious sports injuries.

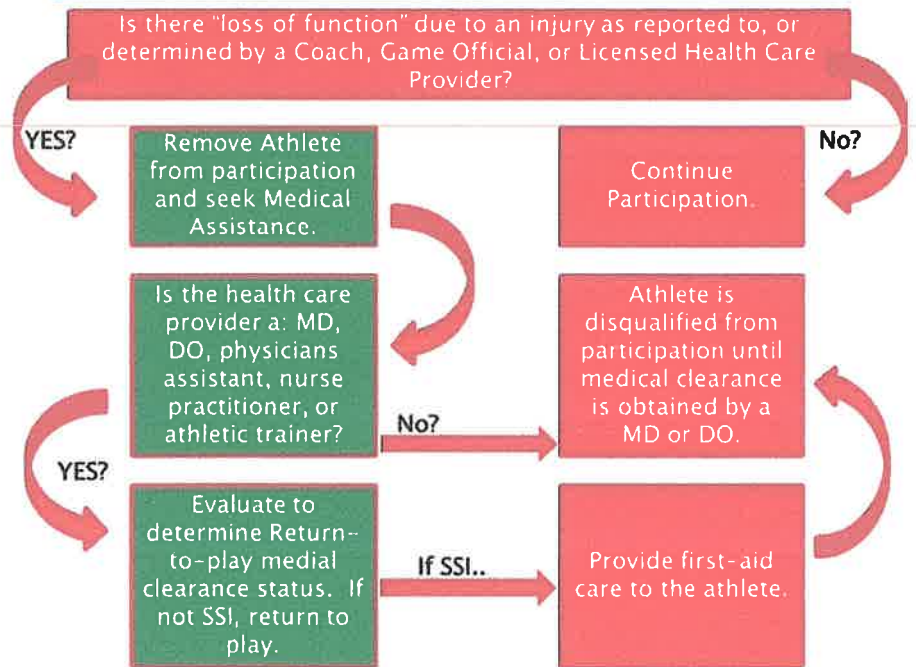
By its very nature, competitive athletics can put students in situations in which **SERIOUS**, **CATASTROPHIC**, and perhaps **FATAL** accidents could occur. Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. NO amount of instruction, precaution or supervision will totally eliminate all risk of injury. Participation in athletics is inherently dangerous. The obligation of parents/guardians and students in making this choice to participate cannot be overstated.

By granting permission to your son/daughter to participate in athletic competition through the LHSAA physical form and LAC Emergency Contact Form, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instruction.

If any of the foregoing is not completely understood and you have questions, please contact your school's athletic trainer or athletic director for further information.

### What happens when my child sustains a Serious Sport Injury?



### Important Definitions

**Direct Injury** refers to an injury which results from participation in the fundamental skills of the sport. This may include, but not limited to, fractures, dislocations, injuries to the eyes, dental, or any other acute episode of musculoskeletal injury.

**Indirect Injury** refers to an injury caused by a systemic failure (usually cardiac or respiratory in nature) resulting from exertion while participating in an activity, or by a complication which may be secondary to a non-fatal injury. This may include, but not limited to, abnormal/difficulty in breathing, the appearance of dizziness or confusion or any other unusual behavior exhibited by a student-athlete.

**Loss of function** – Any sign of inability to perform any sport specific activity or movement. This may include, but not limited to, walking/running with a limp or holding/protecting a body part, or any other impaired movement.

**Responsible School Personnel** – The individual(s) (i.e., head coach, assistant coach, etc.) designated by the respective school with the responsibility for student-athlete safety.

**Return-to-Play (RTP)** – A term used to describe when a student-athlete, who has followed a step-wise protocol, is released to return to practice or competition.

**Appropriate Mid-Level Provider** – A health care provider duly authorized by a supervising MD/DO to provide care for sports injuries in accordance with their respective scopes of practice. For the purpose of this injury management program, the following health care providers may function as an appropriate mid-level provider onsite at any school-sponsored or sanctioned athletic activity: an athletic trainer (AT) certified by LSBME to practice in Louisiana; physician assistant (PA) licensed to practice in Louisiana; a registered nurse practitioner licensed to practice in Louisiana.