

# HEADS UP: Concussion in High School Sports

**Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:**

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
  - “**Contest official**” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
  - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
  - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
  - “**Medical clearance**” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

## What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

## What parents/guardians should do if they think their child has a concussion?

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
  - a. Seek medical attention right away.
  - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

## What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days 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 removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

## Signs Observed by Parents or Coaches:

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

## Symptoms Reported by Student-Athlete:

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

## STUDENTS, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

## PARENTS/GUARDIANS, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

**IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.**

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's Grade

Student's School

**Complete Other Side**

## Student-Athlete and Parent Athletic Contract

*This contract applies to all student-athletes of interscholastic age involved in athletics. Athletic competition of interscholastic age student-athletes should be fun and should also be a significant part of a sound educational program, embodying high standards of ethics and sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). The highest potential of sports is achieved when learning from the T.E.A.M concept (Teaching, Enforcing, Advocating, and Modeling these values) and by committing to the ideal of pursuing victory with honor.*

As a student athlete, I understand my responsibilities for participating in School athletic programs. I also understand there will be consequences for violating any of the expectations outlined in this contract.

**As a student-athlete, I, \_\_\_\_\_ pledge to:**

- Review, understand, and agree to abide by the District Eligibility Policy, 510.1-R (including academic eligibility) and the District Conduct Code Policy, 504.3-R
- Commit to my sport schedule by attending all practices and competitions and communicating my schedule to my employer, teachers, and parents. (If there are conflicts, I will communicate those with my coach immediately)
- Commit to my team by striving to contribute to the program, follow the training rules, and exercising sportsmanship at all times

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

**As a parent/guardian, I \_\_\_\_\_ pledge to:**

- Review, understand, and agree to help my student-athlete abide by the District Eligibility Policy, 510.1-R (including academic eligibility) and the District Conduct Code Policy, 504.3-R
- Commit to my student-athlete's practice and competition schedule to minimize conflicts between family schedules and the athletic schedules and ensure that my student-athlete attends all practices, competitions, and special events
- Support my student-athlete by attending team meetings, competitions, and special events as much as my schedule will allow
- Discuss issues of concern with my athlete and the coach before they become a problem
- Respect the coach and understand that it is his/her responsibility to determine strategy and player selection (any questions or concerns should be directed to the coach in a private meeting)
- Work cooperatively with coaches, other parents, and school personnel to ensure a wholesome and successful athletic program for the school
- Encourage and model good sportsmanship by demonstrating positive support for all players, coaches, and officials at every practice, competition, or special event

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

← Complete Other Side →