

Parental Statement of Acknowledgement: Concussion and Head Trauma Policy

Grand County School District

Parents and Guardians: *As part of participation in daily school programs and after school extra-curricular offerings, children are engaged in periods of challenging physical activity. Though infrequent, accidents do occur. In order to protect children from the serious effects of concussion, Utah Codes 26-53-101, 102, 201 and 301 require signed parent acknowledgement of a) the symptoms of concussion, and b) State-required actions and District policy/practice to handle accidents involving real and suspected head trauma. Please read the following information, sign, keep the pink copy and return this form (white and yellow copies) to your student's school. Grand County School District's Concussion and Head Trauma Policy (adoption date: September 2011) includes:*

Parent Education: Following is important background information relating to concussion and head trauma reported by the National Federation of State High School Associations and the Sports Medicine Advisory Committee.

- A concussion is a type of brain injury that interferes with normal brain function. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body.
- Continued participation in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury and even death.
- The symptoms of a person injured with concussion are not always apparent immediately after the blow to the head or body. Symptoms may develop over a few hours.
- A child exhibiting symptoms of concussion should never be left alone.

Persons injured by concussion report the following symptoms: <ul style="list-style-type: none">• headache• nausea or vomiting• balance problems or dizziness• double or fuzzy vision• sensitivity to light• feeling sluggish• feeling foggy or groggy• concentration or memory problems• confusion	Signs observed by onlookers viewing persons with concussions include the following: <ul style="list-style-type: none">• appears dazed or stunned; is confused about what to say• forgets plays in a game• is unsure of game, score or opponent• moves clumsily• answers questions slowly• loses consciousness• shows behavior or personality changes• can't recall events prior to, and/or after, the blow to head or body
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Signed Parent Permission for a Child's Participation in School-Sponsored Physical Activities: A child shall not participate in school-sponsored physical activity or sporting events without signed parent acknowledgement of State and District requirements regarding real or suspected head trauma. A signed parent acknowledgement form shall be filed in the child's cumulative record and retained throughout his/her education in Grand County schools. In addition, parents having a student who participates in extra-curricular physical activities or sports events may be asked to sign consent forms each season for each sport or physical activity as required per sport or activity.

Action Required for Suspected Head Injury: In order to protect students from serious effects of concussion, Utah Code and District policy require that a child who exhibits any symptoms of concussion be **immediately removed from all school-sponsored physical activity.** Parents and school personnel are not expected to diagnose a concussion but, if symptoms of concussion are observed, they are expected to respond by immediately removing a child from physical activity.

If there is any doubt as to whether a child has suffered a concussion, parents and school personnel shall **a)** not allow the student to continue participation in the activity; **b)** never encourage a student to "play through" the symptoms of a concussion; and **c)** continue to observe a child following a suspected concussion until responsibility of the child is passed to the parent or designated adult.

Furthermore, the child shall be prevented from participation in school-sponsored physical activity until evaluated by and given medical clearance from a qualified health care provider who is trained in the evaluation and management of concussion.

Medical Clearance: In order for a child who is suspected of sustaining a concussion to resume participation in any school-sponsored sporting event or physical activity, the parent of the child shall obtain a written statement from a qualified health care provider stating **a)** the health care provider has, within the past three (3) years, successfully completed a continuing education course in the evaluation and management of concussion; and **b)** the child is cleared to resume participation in school sporting activities.

For More Information: *Contact your student's principal *link - <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

I have read the above information. I understand and agree to abide by State code and District policy requirements.

Parent Name (PLEASE PRINT): _____

Parent Signature: _____ **Date:** _____

Student's Name (PLEASE PRINT): _____