

PARENT PERMISSION FOR INTERSCHOLASTIC PARTICIPATION

Student's Name _____ Sport _____ V JV MS (circle one)
Print Last Name First
Address _____ Age _____ Grade _____ Male Female (circle one)
Date of Birth _____ Year you began or will begin 9th Grade _____
Parents' Name _____ Home Phone # _____ Cell # _____
Physician's Name & Tel. # _____
Emergency Contact Person & Tel. # _____
Known Allergies _____

Important Information for Parents

What are concussions?

Concussions are brain injuries caused by external forces to the head, neck or face. Further complications from concussions or their management can lead to intracranial hematomas (bleeding in the brain), balance and coordination problems, or Second Impact Syndrome.

How do concussions occur?

A bump, blow, or jolt to the head can cause a concussion, a type of traumatic brain injury (TBI). Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. During sports and recreation activities, concussions may result from a fall or from players colliding with each other, the ground, or with obstacles, such as a goalpost.

Signs and symptoms

Most concussions present with a headache and dizziness. These are the most common early signs of a concussion. Other signs and symptoms may include blurred vision, double vision, memory loss, loss of consciousness, nausea. It should be noted that ANY of these symptoms lasting longer than 15 minutes after a blow to the head, may indicate a concussion has occurred.

When can a student return to activities after a concussion?

*Absolutely no student may return to activities the same day of a concussion. There is no exact timeline for a concussion return to activities. All concussions present differently. All students must be symptom free before returning to activity. At Plainedge, a student may return only after they have medical clearance from the **Chief Medical officer for the Plainedge School District.***

Note: Prior to clearance for Plainedge School District activities such as interscholastic athletics and/or at any point during the year, it is the responsibility of the Parents and the student to alert the Plainedge School District of any prior or new concussions.

I hereby give my son/daughter _____ permission to engage in interscholastic athletics as a member of the _____ team for the current school year. I further understand that participation in athletics could lead to serious or, in certain cases, fatal injury.

Date _____ Parent's Signature _____

Date _____ Student's Signature _____

This card indicates:

1. The updated Health History Form is on file with the nurse
2. The sports physical has been completed and the above named student is approved for athletic participation

Nurse's Signature _____ Date _____