

Routing

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# RETURN TO ACTIVITIES OFFICE

REVISED JANUARY 2021

VIRGINIA HIGH SCHOOL LEAGUE, INC.

1642 State Farm Blvd., Charlottesville, Va. 22911

Page 1 of 4

## ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **MAY 1** of the current year through **JUNE 30** of the succeeding year.

For school year \_\_\_\_\_

### PART I- ATHLETIC PARTICIPATION (To be filled in and signed by the student)

Male \_\_\_\_\_  
Female \_\_\_\_\_

**PRINT CLEARLY**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
(Last) (First) (Middle Initial)

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

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

### INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**



→ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

## PART II- MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.  
Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>		24. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>		25. Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>		27. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>		28. When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>		29. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>		30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		31. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>				<b>YES</b>	<b>NO</b>		
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>		32. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		34. Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>		35. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>		36. Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>	
				37. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>	
				38. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	
				39. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	
				40. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
				41. Are you on a special diet or do you avoid certain types of foods or food groups?			
				42. Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	
				43. Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
				44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____ (MM/DD/YY)			
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<b>FEMALES ONLY</b>		<b>YES</b>	<b>NO</b>
15. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		45. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>				<b>YES</b>	<b>NO</b>		
16. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>		46. Age when you had your first menstrual period: _____			
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>		47. Number of periods in the last 12 months: _____			
18. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>		48. When was your most recent menstrual period? _____			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>		<b>EXPLAIN "YES" ANSWERS BELOW</b>			
				# >>			
				# >>			
				# >>			
				# >>			
				# >>			
				# >>			
<b>BONE AND JOINT QUESTIONS</b>				<b>YES</b>	<b>NO</b>		
20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>		# >>			
21. Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>		# >>			
<b>MEDICAL QUESTIONS</b>				<b>YES</b>	<b>NO</b>		
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		List medications and nutritional supplements you are currently taking here:			
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>					

EXACT DATE

\* → Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ → Athlete's Signature: \_\_\_\_\_ \*

**PART III- PHYSICAL EXAMINATION**

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)\*\*



NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF: \_\_\_\_\_
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: \_\_\_\_\_  
Reason: \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

**DR.'S OFFICE MUST STAMP FORM**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: \_\_\_\_\_ (MD, DO, NP or PA)+ DATE\*\*: \_\_\_\_\_

EXAMINER'S NAME AND DEGREE (PRINT): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

# INSURANCE IS REQUIRED

## PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:

Name of medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to [www.coverva.org](http://www.coverva.org) or calling 855-242-8282.

## PART V- EMERGENCY PERMISSION FORM\*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: \_\_\_\_\_

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? \_\_\_\_\_ LIST THE EMERGENCY MEDICATION: \_\_\_\_\_

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

DOES THE STUDENT WEAR CONTACT LENSES? \_\_\_\_\_ DATE OF LAST Tdap OR Td (TETANUS) SHOT: \_\_\_\_\_

(MM/DD/YY)

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

→ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: \_\_\_\_\_

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

EXACT DATE





# ATTACH TO PHYSICAL FORM

## Acuerdo de Participación Atlética y Cocurricular de las Escuelas Públicas de Arlington

La participación en atletismo y actividades cocurriculares es un privilegio. Las Escuelas Públicas de Arlington reconocen el valor de las actividades atléticas y cocurriculares y cómo estas contribuyen al desarrollo de adultos integrales, a la vez que atienden a los intereses y aptitudes de los estudiantes.

**Comportamiento del estudiante y responsabilidades disciplinarias:** APS anima a los estudiantes a comportarse de una manera que promueva un ambiente de aprendizaje positivo. Las normas disciplinarias de APS prohíben la intimidación y el hostigamiento, el acoso sexual, la mala conducta sexual, el uso y abuso de sustancias y otras conductas negativas y potencialmente ilegales. Estas normas se describen en el sitio web de APS y en el Manual de APS. Los estudiantes podrían ser sancionados por transgresión de dichas normas en APS mientras se encuentren en las instalaciones de la escuela, en las proximidades de las instalaciones escolares, al ir o venir a la escuela, mientras se encuentren en autobuses escolares propiedad de y operados por la escuela, o en autobuses fletados, mientras participan en actividades aprobadas y supervisadas dentro o fuera de las instalaciones de la escuela, y cuando el buen orden, la seguridad o el bienestar de la escuela o sus estudiantes se vean afectados como resultado de actividades fuera de la escuela. Los estudiantes que participen en atletismo y en actividades cocurriculares de APS y transgredan alguna norma disciplinaria de APS podrían, además de otras medidas disciplinarias, ser suspendidos o expulsados de la participación en el atletismo y de participar en actividades cocurriculares de APS, según lo determine el miembro apropiado del personal de APS.

**Las conmociones cerebrales y los estudiantes:** Las conmociones cerebrales pueden ocurrir en cualquier deporte o actividad. Un estudiante al cual se determine o se sospeche que tiene una lesión cerebral, será retirado de la práctica o el juego y no se le permitirá regresar a menos que lo decida un profesional médico con licencia, según lo establece *El Código de Virginia* §22.1-271.5. El atleta no debe volver a tener actividad física si aún tiene síntomas, ya que el cerebro es especialmente vulnerable a una lesión mayor, a daño más permanente o incluso la muerte. Las conmociones cerebrales se gestionan mejor con un enfoque multidisciplinario que incluye al estudiante atleta, los padres, la escuela y el personal médico. Al firmar aquí abajo, nosotros (el estudiante y su padre, madre o tutor legal) acusamos recibo de la "Hoja Informativa sobre Conmociones" proporcionada por las Escuelas Públicas de Arlington la cual también se encuentra en el sitio web de las escuelas medias y secundarias, y certificamos que la hemos leído en su totalidad y la entendemos. Entendemos, además, que si tenemos alguna pregunta sobre la información, podemos contactar al entrenador de atletismo de la escuela secundaria o al director de actividades estudiantiles, o al coordinador de actividades estudiantiles de la escuela media. El entrenador de atletismo de la escuela secundaria tiene la decisión final sobre el regreso de los atletas a su estatus de actividad deportiva.

**Reconocimiento y aceptación del riesgo:** Nosotros, el estudiante y los padres o los tutores legales que han firmado este formulario, damos consentimiento al acuerdo de participación en actividades atléticas y cocurriculares, y al transporte, a través de las Escuelas Públicas de Arlington. Estamos de acuerdo en seguir las reglas e instrucciones del Manual de APS, de la escuela del estudiante, de entrenadores atléticos, de los entrenadores de atletismo y de la Liga de Escuelas Secundarias de Virginia (VHSL, por sus siglas en inglés) y acatar sus decisiones administrativas. Aceptamos y entendemos los muchos riesgos involucrados en tal participación. Entendemos que las lesiones que requieran atención médica, lesiones graves, incapacidad permanente o muerte, pueden ser el resultado de dicha participación. Además, ya que la participación deportiva implica instalaciones y equipos compartidos y contacto físico, los estudiantes están en mayor riesgo de exposición a enfermedades transmisibles e infecciones de la piel. Elijo aceptar voluntariamente todos esos riesgos. Con la plena comprensión de dichos riesgos, estamos de acuerdo y aceptamos toda la responsabilidad en cuanto a la seguridad, la salud y el bienestar de los estudiantes durante su participación en atletismo y actividades estudiantiles.

Este formulario debe ser firmado por el estudiante y por el (los) padre (s) o tutor (es).

AL FIRMAR ABAJO, DECLARO QUE ESTE ACUERDO HA SIDO ATENTAMENTE LEIDO Y COMPRENDIDO POR MÍ. RECONOZCO SUS TÉRMINOS Y ACEPTO QUEDAR VINCULADO POR LOS MISMOS.

\*  
Firma del estudiante atleta

Fecha

Nombre del estudiante en letra de imprenta

\*  
Firma del padre, de la madre o del tutor legal

Fecha

*El no firmar este acuerdo no exonera al estudiante ante la responsabilidad de la escuela de hacer cumplir el acuerdo.*

# STUDENTS READ & KEEP AT HOME

## Arlington Public Schools Athletics

### Fact Sheet on Concussions for Students

#### *What is a Concussion?*

A concussion is a brain injury caused by a bump or blow to the head or body. A concussion occurs when the brain is violently rocked back and forth or twisted in the skull. It does not have to involve a loss of consciousness. All concussions are serious.

Concussions can occur in any sport, but more frequently in football, basketball, lacrosse, soccer and wrestling. An athlete who is identified with a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care provider. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death.

#### *Signs and Symptoms of a Concussion*

A concussion may have multiple symptoms that may appear immediately after the injury. Other symptoms may take several days or weeks to develop. Concussion symptoms may last a few days to several months. If you have a blow or bump to the head, look for these *signs and symptoms of a concussion*:

##### Signs

- Feeling dazed stunned
- Confusion about assignment or position
- Forgetting an instruction
- Being unsure about the game, score, or opponent
- Moving clumsily
- Answering questions slowly
- Losing consciousness (even briefly)
- Showing behavior or personality changes
- Unable to recall events prior to the hit or fall

##### Symptoms

- Unable to recall events after a hit or fall
- 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
- Not feeling “right”

#### *Can I Prevent a Concussion?*

There are many risks involved in athletic participation, but there are steps you can take to protect yourself from a concussion.

- Follow the rules of the sport.
- Use safety equipment, making sure it is appropriate for the activity, fits properly, is maintained, and is worn consistently and correctly.
- Practice good sportsmanship.
- Know the signs and symptoms of a concussion.

# Arlington Public Schools Athletics

## ***What Should I Do if I Think I Have a Concussion?***

1. **Tell your athletic trainer and/or coach and parents.** Never ignore a bump/blow to the head even if you feel fine. Also, tell your coach if you know a team mate had a bump or blow to the head, or if you think that a teammate is showing signs of a concussion.
2. **Seek medical attention immediately.** A health care professional will be able to evaluate you and determine when it is safe to return to athletic participation and regular activities.
3. **Give yourself time to get better.** Concussions require time to heal and your brain needs to rest. Returning to participation too soon while the brain is still healing puts you at risk for further injury and a second concussion that can be more serious and life-threatening (Second Impact Syndrome). Do not return to play until you get approval from a health care professional.

## ***When Can I Return to Play?***

### Day of Injury

No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:

- Exhibits signs, symptoms or behaviors attributable to a concussion; or
- Has been diagnosed with a concussion.

### Following Days

No member of a school athletic team shall return to participate in an athletic event or training on the days after he/she experiences a concussion unless all of the following conditions have been met:

- The student no longer exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or with exertion;
- The student is asymptomatic during or after periods of supervised exercise that is gradually intensifying; and
- The student receives a written medical release from a licensed health care provider.

At high school level, the school's athletic trainer has the final authority in deciding if the student-athlete is eligible to return to play.

### Graduated Return-to-Play Protocol\*

#### Rehabilitation Stage

1. No Activity
2. Light aerobic exercise
3. Sport-Specific Exercise
4. Non-contact training drills
5. Full contact practice
6. Return to play

#### Functional Exercise at Each Stage of Rehabilitation

- Complete physical and cognitive rest
- Walking, swimming or stationary cycling keeping intensity at less than 70% of the maximum predicted heart rate
- No resistance training
- Skating drills in ice hockey, running drills in soccer. No head impact activities
- Progression to more complex training drills, e.g. passing drills in football and ice hockey
- May start progressive resistance training
- Following medical clearance, participate in normal training activities
- Normal game play

\*Consensus Statement on Concussion in Sport: Third International Conference on Concussion in Sport held in Zurich, November 2008.

**IT IS BETTER TO MISS A GAME OR TWO RATHER THAN THE WHOLE SEASON OR MORE.**



# READ & KEEP AT HOME

## Arlington Public Schools Athletics

### Fact Sheet on Concussions for Parents/Guardians

#### ***What is a Concussion?***

A concussion is a brain injury caused by a bump or blow to the head or body. A concussion occurs when the brain is violently rocked back and forth or twisted in the skull. It does not have to involve a loss of consciousness. All concussions are serious.

Concussions can occur in any sport, but more frequently in football, basketball, lacrosse, soccer and wrestling. An athlete who is identified with a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care provider. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death.

#### ***Signs and Symptoms of a Concussion***

A concussion may have multiple symptoms that may appear immediately after the injury. Other symptoms may take several days or weeks to develop. Concussion symptoms may last a few days to several months. If your child has had a blow or bump to the head, look for these *signs and symptoms of a concussion*:

##### Signs

- Appears dazed 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 behavior or personality changes
- Can't recall events prior to hit or fall

##### Symptoms

- Can't recall events after hit or fall
- 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
- Does not "feel right"

#### ***How Can You Help Your Child Prevent a Concussion?***

There are many risks involved in athletic participation, but there are steps your children can take to protect themselves from a concussion.

- Follow the rules of the sport.
- Use safety equipment, making sure it is appropriate for the activity, fits properly, is maintained, and is worn consistently and correctly.
- Practice good sportsmanship.
- Know the signs and symptoms of a concussion.

#### ***What Should You Do if You Think Your Child Has a Concussion?***

1. **Seek medical attention immediately.** A health care professional will be able to evaluate your child and determine when it is safe for your child to return to athletic participation and regular activities.
2. **Keep your child out of play.** Concussions require time to heal. Returning to participation too soon and while the brain is still healing puts the child in a vulnerable position for further injury and a second concussion that can be more serious and life-threatening (Second Impact Syndrome).

# Arlington Public Schools Athletics

3. **Tell your child's athletic trainer and/or coach about any concussion.** The athletic trainer and coaches should have knowledge of any concussion (recent or past).

## What Can I Do as a Parent?

- Parents and students should know and be able to recognize the signs and symptoms of a concussion.
- Remind your child to tell the athletic trainer and coach if he/she experiences any symptoms of a concussion.
- Remind your child to tell the athletic trainer and coach if he/she suspects that a teammate might be experiencing any signs or symptoms of a concussion.
- Ask teachers to monitor your child's academic progress and behavior since changes could indicate a concussion.
- Report your child's concussion history to the athletic trainer and future coaches as they move to the next season/sport.

## When Can a Child Return to Play?

### Day of Injury

No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:

- Exhibits signs, symptoms or behaviors attributable to a concussion; or
- Has been diagnosed with a concussion.

### Following Days

No member of a school athletic team shall return to participate in an athletic event or training on the days after he/she experiences a concussion unless all of the following conditions have been met:

- The student no longer exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or with exertion;
- The student is asymptomatic during or after periods of supervised exercise that is gradually intensifying; and
- The student receives a written medical release from a licensed health care provider.

At high school level, the school's athletic trainer has the final authority in deciding if the student-athlete is eligible to return to play.

### Graduated Return-to-Play Protocol\*

#### Rehabilitation Stage

1. No Activity
2. Light aerobic exercise
3. Sport-Specific Exercise
4. Non-contact training drills
5. Full contact practice
6. Return to play

#### Functional Exercise at Each Stage of Rehabilitation

- Complete physical and cognitive rest
- Walking, swimming or stationary cycling keeping intensity at less than 70% of the maximum predicted heart rate
- No resistance training
- Skating drills in ice hockey, running drills in soccer. No head impact activities
- Progression to more complex training drills, e.g. passing drills in football and ice hockey
- May start progressive resistance training
- Following medical clearance participate in normal training activities
- Normal game play

\*Consensus Statement on Concussion in Sport: Third International Conference on Concussion in Sport held in Zurich, November 2008.

**IT IS BETTER TO MISS A GAME OR TWO RATHER THAN THE WHOLE SEASON OR MORE.**

## ImPACT Test Information

According to Arlington Public Schools policy implementation procedures for Students and Concussion (25-3.5), neurocognitive testing is provided as one measure of concussion management for secondary student athletes. APS will baseline test student-athletes engaged in contact/limited-contact sports as well as students with a known concussion history.

The ImPACT Test that is the most widely used computerized neurocognitive test to help evaluate and manage concussions. APS uses ImPACT to establish a baseline score and as a post-injury assessment.

1. Baseline Test – Administered by a physician, nurse, athletic trainer, athletic director, or coach before the start of a sport season, employment period, school year, or other activity. Baseline scores are collected and stored on our HIPAA compliant server. ImPACT recommends re-administering the baseline test every two years.
2. Post-Injury Test – Administered after a concussion is suspected. A licensed healthcare provider compares test results to baseline scores and/or normative data scores.

ImPACT is not a diagnostic tool and only a licensed healthcare professional can diagnose and treat a concussion. Instead, ImPACT can be used before and after a licensed healthcare provider has determined that a concussion has occurred:

- In addition to establishing neurocognitive performance baselines, healthcare providers use ImPACT test scores as an important component of their assessment of an injury.
- Post-injury test scores may be used by a licensed provider to inform an effective concussion treatment course of action.
- ImPACT may be administered multiple times after a clinician has diagnosed a concussion—scores can be used to help measure rehabilitation and to consider whether to return an injured individual back to activity.

ImPACT is a 25-minute online test on a desktop computer delivered on a secure web portal. In APS, the test is administered in the presence of an athletic trainer, athletic director, or trained coach. Only a licensed healthcare provider can administer an ImPACT post-injury test.

When ImPACT is delivered in a controlled environment according to recommended specifications, it provides highly reliable neurocognitive data that measures attention span, working memory, sustained and selective attention time, non-verbal problem solving, and reaction time.

For more information, please contact your school's athletic trainer, director of student activities or student activity coordinator.