CONCUSSION IN SPORTS

A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS[1]

What is a concussion?

A concussion is a brain injury that:

- *Is caused by a bump, blow, or jolt to the head or body.*
- *Is always serious and can change the way your brain normally works.*
- *Can occur during practices or games in any sport or recreational activity.*
- *Can happen even if you haven't been knocked out.*
- *Can be serious even if you've just been "dinged" or "had your bell rung."*

What are the signs and symptoms?

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
• Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponents • Moves clumsily • 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	• Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or "feeling down"

What to do if you suspect a concussion:

- ***Tell the coach and school nurse**. They need to know if you suspect a concussion. They also need to know if there has been a previous concussion.*
- ***Seek medical attention**. A health care professional experienced in evaluating concussions will be able to diagnose and treat a concussion and determine when it is safe to return to play. **You cannot return to an Anchorage School District activity until a qualified medical provider indicates it is safe to do so**.*
- ***Stay out of play and recover**. A brain with a concussion needs time to heal. While a brain is still healing, there is a much greater chance of another concussion. Repeat concussions can slow recovery and increase the likelihood of long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.*
- ***Tell your principal and teachers**. A concussion can impact a student's ability to do school work and other activities, such as computer use, studying, driving, or exercising. If needed, your teachers and school nurse can help adjust school activities during the recovery period.*

Preventing Concussion:

While each sport is different, there are steps every athlete can take.

- *Use the proper sports equipment. Wear the right equipment for the game or position, make sure it fits and wear it correctly.*
- *Follow the coach's rules for safety and the rules of the sport.*
- *Practice good sportsmanship at all times.*

BASELINE TESTING – AN IMPORTANT FIRST STEP: As part of ASD's efforts to minimize concussion related injuries, every school athlete is required to participate in ImPACT baseline screening. ImPACT is a computerized exam utilized in sports programs across the country to diagnose and manage concussions. This is a non-invasive, simple test set up in "video-game" format and takes 20 minutes to complete on an ASD computer or at home using the following link http://www.asdk12.org/activities/concussion_info/Baseline%20Testing%20Instructions.pdf. The test records individual reaction time, memory, speed, and concentration. It is not an IQ test and is not utilized for any purpose other than to establish a baseline measure for comparison should a student later be suspected of having a concussion. The test data will enable health professionals to determine when return-to-play is appropriate and safe for the injured athlete. You may obtain further information online at http://impacttest.com, or from your coach or school nurse.

The ImPACT baseline test is required of all students participating in any ASD activity that requires a sports physical. A single test is required for middle school athletes and again for high school athletes. The test will be administered prior to the first sports activity in which a student participates. The cost of the baseline assessment is $5 and will be the responsibility of the student and parent/guardian.

Parent and Student Acknowledgment and Consent

2011-2012 School Year

[1] This information comes from the Centers for Disease Control and Prevention, "Heads Up, Concussion in High School Sports." See www.cdc.gov/Concussion.

If you think you have a concussion: Don't hide it! Report it! Take time to recover!

The Anchorage School District requires that each athlete, and each athlete's parent/guardian, receive a copy of its fact sheet entitled "CONCUSSION IN SPORTS, A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS." This fact sheet sets forth a description of the nature and risks of concussion.

Parents and athletes should review the Fact Sheet, discuss it at home, and direct any questions to the coach, school nurse, or activities principal. In addition, parents and athletes are encouraged to review the Anchorage School District Guidelines for Concussion Prevention, Identification, Treatment and Management. These Guidelines are available at the ASD website, www.asdk12.org, from your coach, and at your school office.

Parents and athletes need to annually acknowledge receipt of "CONCUSSION IN SPORTS, A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS."

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STUDENT ACKNOWLEDGEMENT (Required for all athletes)

I acknowledge that I have received a copy of "CONCUSSION IN SPORTS, A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS," and understand its contents.

_____ *Date*_____

Student Signature

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Print Name

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PARENT/GUARDIAN ACKNOWLEDGEMENT and CONSENT for ImPACT BASELINE SCREENING

Parent/guardian signature is required for all athletes under 18 years of age. If 18 or older, the athlete must sign below to consent to ImPACT baseline screening.

I acknowledge that I have received a copy of "CONCUSSION IN SPORTS, A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS," and understand its contents.

I also grant consent for the above student to participate in ImPACT baseline screening as part of the Anchorage School District's concussion prevention and management program. I understand that I am responsible for the baseline screening fee of $5.00.

_____ *Date*_____

Parent/Guardian Signature

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Print Name