Sources: Michigan Dept. of Health and Human Services. Created through a grant to the CDC Foundation from NOCSAE.

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache **Balance Problems** Sensitive to Noise **Poor Concentration** Not "Feeling Right" Pressure in the Head **Double Vision** Sluggishness Memory Problems Feeling Irritable **Blurry Vision** Confusion Slow Reaction Time Nausea/Vomiting Haziness Dizziness Sensitive to Light "Feeling Down" Sleep Problems Fogginess Grogginess Lost Consciousness

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY DON'T HIDE IT, REPORT IT. Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY Concussions take time to heal. Don't let the student return to play the day of injury and until a heath care professional says it's okay. A student, who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.
 - Appears dazed or stunned
 - Is confused about assignment or position
 - Forgets an instruction

- SIGNS OBSERVED BY PARENTS:
- · Can't recall events prior to or after a hit or fall
- · Is unsure of game, score, or opponent
- Moves clumsily

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Convulsions or seizures Cannot recognize people/places
- · Becomes increasingly confused, restless or agitated
- Has unusual behavior

•

Slurred speech

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician's Assistant or Nurse Practitioner. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Concussion Educ. Materials & Acknowledge Form (May 2016)

- Loses consciousness (even a brief loss of consciousness should be taken seriously.)
- Answers questions slowly Loses consciousness (even briefly)
 - Shows mood, behavior, or personality

changes

Parent and Student Must Sign Consent & Waiver on MHSAA Physical Form Acknowledging Awareness

This portion below may be substituted for the signatures on the MHSAA Physical Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by _____

	Indicate School Name				
Participant Name Printed	Parent or Guardian Name Printed				
Participant Name Signature	Parent or Guardian Name Signature				
Date	Date				

Return this signed form to the participant's school. The school should keep this document on file for five years following the student's high school graduation.

Participants and parents, please review and keep the educational materials available for future reference.



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed below by parent or guardian or 18-year-old.



A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

LAST			FIRST	1	II	SEX	GRADE	DATE OF BIRTH	AC	ЭE
STUDENT'S NAME:										
NUMBER AND STR	EET				CIT	ΓY				ZIP
STUDENT'S ADDRESS:										
NAME OF FATHER OR GUARDIAN			WORK PHONE NAME OF MOTHER OR GU	JARDIAN	[WOR	K PHONE	
FAMILY DOCTOR			OFFICE PHONE STUDENT'S HOME PHON	3						
TIME DOCTOR			STODENT STODENT STOLETION	-						
			MEDICAL HISTORY							
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO		MEDIC	AL QUESTIONS	YES	NO
Has a Doctor ever denied or restricted your participation in			Does anyone in your family have arrhythmogenic			Do you have any concerns that you would like to				
Sports for any reason?			right ventricular cardiomyopathy, long QT syndrome?			discuss with a doctor?				
Do you have any ongoing medical conditions? If so, please			Has any family member or relative died of heart			Were you born without or are you missing an organ				
Identify by Circling: Asthma Anemia Diabetes			Problems or had an unexpected or unexplained sudden							
Infections Other:			death before age 50 (including drowning, unexplained			Identify by circling: A kidney An eye Your spleer A testicle (males) Any other organ?				
	-		car accident or sudden infant death syndrome) ?						-	
Have you ever spent the night in the hospital?			Does anyone in your family have catecholaminergic					eating disorder?		
Have you ever had surgery?			polymorphic ventricular tachycardia, short QT syndrome?				2 2	our weight?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO			nead injury or concussion?		
Have you ever passed out or nearly passed out DURING			Have you ever had an injury to a bone, muscle, ligament			~		nit or blow to the head that caused	l	
or after exercise?			or tendon that caused you to miss a practice or a game?					headache, or memory problems?		_
Have you ever had discomfort, pain, tightness or pressure			Have you ever had any broken or fractured bones or			Have you ever had numbness, tingling, or weakness in				
in your chest during exercise?			dislocated joints?			your arms or legs after being hit or falling?				
Do you get lightheaded or feel more short of breath than expected during exercise?			Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches?			Have you ever been unable to move your arms or legs				
Do you get more tired or short of breath more quickly than			Have you ever been told that you have neck instability or			after being hit or falling?				-
your friends during exercise?			atlantoaxial instability (Down syndrome or dwarfism)?			Are you trying to or has anyone recommended that you gain or lose weight?				
Has a doctor ever ordered a test for your heart?			Have you ever had an x-ray for neck instability or	-				liet or do you avoid certain		-
For example: ECG/EKG, echocardiogram			atlantoaxial instability (Down syndrome or dwarfism)?			types of fo		net of do you avoid certain		
Have you ever had an unexplained seizure or do you have			Do you regularly use a brace, orthotics, or other assistive			Do you wear protective eyewear, such as goggles, or a				-
a history of seizure disorder?			device?			face shield				
Does your heart ever race or skip beats (irregular beat)			Do any of your joints become painful, swollen, feel warm			Do you or	someone ii	your family have sickle cell trait		
during exercise?			or look red?			or disease	2			
Has a doctor ever told you that you have high blood			Do you have any history of juvenile arthritis or			Have you	had any pro	blems with your eyes or vision		
pressure?			connective tissue disease?			or had any	eye injurie	s?		
Has a doctor ever told you that you have high cholesterol?			Have you ever had a stress fracture?			Do you we	ear glasses o	or contact lenses?		
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle, or joint injury bothering you?					rpes or MRSA skin infection?		
Has a doctor ever told you that you have other heart			IMMUNIZATION HISTORY	YES	NO	Have you	had infection	ous mononucleosis (mono) within		
problems?				115	110	the last mo				
Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)			Do you ha problems?	ve any rash	es, pressure sores, or other skin		
Has a doctor ever told you that you have a heart murmur?			MEDICAL QUESTIONS	YES	NO	Do You H	ave Any A	lergies?		-
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	Have you ever become ill while exercising in the heat?					MALES ONLY	YES	NO
Does anyone in your family have a heart problem,			Do you cough, wheeze, or have difficulty breathing							
Pacemaker, or implanted defibrillator?			during or after exercise?			Have you	ever had a i	menstrual period?		
Does anyone in your family have hypertrophic			Do you have headaches or get frequent muscle cramps		How old were you when you had your first			nen you had your first		
cardiomyopathy, Marfan syndrome, Brugada syndrome?			When exercising?			menstrual	period?			1
Anyone in your family had unexplained fainting?			Do you have pain, a painful bulge or hernia in the groin?			How many	periods ha	we you had in the last		1
Anyone in your family had unexplained seizures?			Is there any one in your family who has asthma?			twelve (12) months?			1
Anyone in your family had unexplained near drowning?			Have you ever used an inhaler or taken asthma medicine?							

INSURANCE STATEMENT AND CERTIFICATION

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

 Family Insurance Co:
 ______ Insurance ID #:

Signatures of Student: & Parent/Guardian or 18 Year Old:

------ < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -------

EMERG	ENCY INFORMATIO	DN – To Be Completed by Parent	or Guardian or 18 Ye	ear Old
Student's Name:				Grade:
IN EMERGENCY	1)		Cell #:	
CONTACT	or 2)	Phone #:	Cell #:	
Family Doctor:			Phone:	
Aller	gies:			
Drug Reacti	ons:			
Current Medicatio	ons:			



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

PHYSICAL EXAM & CLEARANCE & CONSENT FORMS

• To be completed by parent or guardian or 18-year-old.

• Must be signed in *two* places on this page by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PLEASE PRINT									
STUDENT'S COMPLETE	Last				First		Mic	ldle	
LEGAL NAME: STUDENT'S Month DATE OF BIRTH:		Day	Year	PLACE OF BIRTH:	City		State		
CIRCLE GRADE: 6 7 8	9 10	11 12	SCHOOL:						
	PH	YSICAL	FXAMINAT	TION &	MEDICAL	CLEARANCE			
To be completed by the exa								propriate Column	
EXAMINATION: (Circle Correct Resp.				Male/Female		lse: Vision: R 20/	L 20/	Corrected: Yes No	
MEDICAL	onse As Nece	ssary) ricigiit.	weight.	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS	
Appearance: Marfan stigmata (kyphoscolic arm span > height, hyperlaxi						Neck			
	upils Equal	Hearing	(lency)			Back Shoulder/Arm			
Lymph Nodes						Elbow/Forearm			
Heart: Murmurs (auscultation standing, sup Pulses: Simultaneous femoral and r	1 ·	alva) Location of	point of maximal impulse (PMI))		Wrist/Hand/Fingers Hip/Thigh			
Lungs:	rudiai puises					Knee			
Abdomen						Leg/Ankle			
Genitourinary (Males Only) Skin: HSV,	lecione cu	ggestive of MRSA,	tines cornoris			Foot/Toes Functional: Duck Walk			
Neurologic:	icsions sug	ggestive of wirdsA,	, tilica corporis			Tunctional. Duck walk			
ICE HOCKEY - A CURRENT-YE SIGNATURE EXAMINER: PRINTED N. OF EXAMINE STUDEENT PACE The information submitted here educational information that me in MHSAA-sponsored athletics, involve physical exertion and co agree to, and hereby, waive any employees, agents, attorneys, in otherwise, during or arising in an I/we understand that I am/we are I/we hereby give my consent for HIPAA for the purpose of determ	- LACROSS EAR PH - OF - ME NER: - ME - ME	SE - SKIING IVSICAL I PATION thful to the be gan Departmen hereby agree, I that there is i claims, suits, I lunteers, and a om my/my chill I to adhere firm e student to eng gibility for inte	- SOCCER - SOFTBALL IS ONE GIVEN OF N & PARENT est of my knowledge. nt of Health and Human understand, appreciate, inherent risk of personal losses, actions, or cause: attributes based on any in ld's participation in an M nly to all established athl gage in interscholastic at erscholastic athletics. M	S - SWIMMIN N OR AF N OR AF COR G By my/my a Services an and acknow l injury asso ess of action a ijury to me, n MHSAA-spo letic policies thletics and f fy child has n	NG - TENNIS - TRACK TER APRIL 15 C UARDIAN O child's signature below d MHSAA requiremen dedge: that participatio ciated with participatio against the MHSAA, it ny child, or any person nsored sport. of my school district a for the disclosure to the my permission to accom	DR 18 YEAR (w, I/we acknowledge th hts. Further, in considerat on in such athletics is pu on in such activities, which ts members, officers, rep n, whether because of inh and the MHSAA e MHSAA of information mpany the team as a mem	LL - WREST US SCHC MATE: M ATE: OLD C at I/we have ion of my/r rely volunt ch risk I/we presentative herent risk, i otherwise ber on its o	CIRCLE ONE D DO PA NP CONSENT	
Signature of STUDENT: Date:									
							_ Date: _		
		or 18 YEAR-(COMPAN					
MEDICAL TREA			RE IF NEEDED TO AC				anor	18-Vear-Old	
I,	articipati ne for my	ion, medical y consent for	treatment on an emer r emergency medical	ergency ba l care. I do	sis may be necessar hereby consent in	ry, and further recogn advance to such emer	ize that s	chool personnel	

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD