HICKSVILLE PUBLIC SCHOOLS CONCUSSION INFORMATION

AND INTERSCHOLASTIC SPORTS PERMISSION FORM

Dear Parent/Guardian:

Your son/daughter is a candidate for one of the interscholastic athletic teams sponsored by the Hicksville School District.

As you know, physical injuries may occur as a result of participation in any sport. Concussions are among the types of injuries that may occur during interscholastic sports activities.

A concussion is a type of traumatic brain injury caused by an impact or blow to the head or body. Concussions can happen in any sport, but are most often associated with contact sports such as football, rugby, or ice hockey.

Symptoms of a concussion include, but are not necessarily limited to:

- Amnesia (*e.g.* decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheaded
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (*e.g.* sleeping more or less than usual)

All coaches, physical education teachers, and certified athletic trainers are required to be trained to recognize the symptoms of a concussion and to seek proper medical treatment for such injuries.

The District's policies provide for the immediate removal from athletic activities of any student who has sustained, or is believed to have sustained a concussion. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that he or she has sustained a concussion until proven otherwise. A student is prohibited from resuming athletic activities until he or she has been symptom-free for not less than 24 hours, and has been evaluated by, and received a written and signed authorization from a licensed physician. In addition, in order to resume participation in interscholastic sports activities, the student must receive clearance from the District's Medical Director to participate in such activities. The District will follow any directives issued by the student's treating physician with regard to limitations and/or restrictions on activities for the student.

Detailed information on concussions can be found on the websites of the New York State Education Department ("SED") and the New York State Department of Health ("DOH"). *See* http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ConcussionManageGuidelines.pdf. Among other things, the Guidelines recommend a gradual return to physical activities following any concussion. We urge you to read the information posted on the SED and DOH websites prior to your child's participation in any athletic activities.

PARENT/GUARDIAN CONSENT

By signing below, I signify that I understand that there are risks inherent in permitting my son or daughter to participate in interscholastic athletics, including the risk of serious physical injuries, including but not limited to concussions. This consent to my child's participation is given with the knowledge that participation in interscholastic athletics can present inherent risks of injury that no amount of care, caution, instruction, expertise or supervision can eliminate. Mindful of these risks, I voluntarily give my permission for my son/daughter to participate in interscholastic athletics.

By signing below, I further acknowledge that I have read and understand the above statements regarding concussions. I further agree to promptly inform the District in the event my child sustains a concussion outside of school so that appropriate safeguards can be taken with respect to his or her participation in interscholastic athletics.

_____ Parent/Guardian Signature Dated: _____

_____ Parent/Guardian (print name)

_____ Student (print name)