



Craig High School

P.O. Box 800
Craig, AK 99921
Phone (907) 826-2274
Fax (907) 826-3016
craigschools.com

Activities Agreement

Jack Walsh, Superintendent

Kim Brand, Principal

Participant's Name _____ Activity _____

Each Craig student represents everyone connected with the school; students, staff, parents, and the community. For this reason, each student has responsibilities when s/he decides to participate in a school activity. Therefore, each Craig student will:

1. Conduct him/herself appropriately in the role of school and community representative. S/he accepts responsibility for his/her actions and will act in a mature manner, including the use of appropriate language and respectful behavior at all time.
2. Meet the Alaska School Activities Association and/or Craig Schools standards for eligibility in order to participate.
3. Obey the instructions of the coach/sponsor/chaperone in a respectful manner. Further, the supervising adult will know of and agree to the student's whereabouts at all times. The decisions of the supervising adult are final.
4. Attend and participate in all scheduled activities and curfew times.
5. Show good sportsmanship at all times, keeping temper and emotions under control.
6. Be neat and clean in appearance and dress appropriately for activities.
7. Adhere to all standards for behavior as established in the Craig Schools Student Handbook. Violations that are also against the law (possession, use or distribution of alcohol, illegal drugs, or tobacco products; shoplifting, etc.) will result in the student being immediately sent home.
8. Attend all classes the school day preceding and following an activity/event.
9. Attend ten practices (five if transferring from another sport) before participating in the first contest of the season.
10. Provide evidence of a current physical and insurance coverage/self-insurance.
11. Remove him/herself immediately from situations where others may be participating in violations of this Activities Agreement.
12. When students elects to participate in activities involving travel, parents will be asked to sign an agreement to reimburse the District if the student declines to travel after tickets are purchased.
13. Students participating in all extra curricular activities are required to pay a \$125 activity fee per sport, up to \$250 maximum per year. In addition the maximum fee per family will be \$350 per year.

14. I authorize the Craig City School District to conduct a drug/alcohol screening prior to the start of the sports season, and on a random basis thereafter.

Students participating in activities shall be notified in advance when they are scheduled to travel. Students must commit to travel at that time. Once tickets have been purchased, students who decide not to travel, except in cases of emergency or ineligibility, will reimburse the district for the cost of the tickets.(AR 6153 (b))

In addition, we, the undersigned student and parent/guardian understand that:

- Violations of any section of this Activities Agreement may result in the immediate removal from the activity and, if traveling, the parent/guardian is responsible for the full expense of the student's immediate return to Craig. Additional consequences in accordance with Craig Schools discipline procedures will be enforced.
- The District does not carry student medical insurance.
- The parent/guardian, in consideration of the student's opportunity to participate in the school activity, hereby gives consent to emergency medical treatment as may be necessary for the welfare of the named student by a physician, qualified nurse, and/or hospital during all periods of time in which the student is away from his/her legal residence as a member of the approved student activity or group, and hereby waives, on behalf of him/herself and the named student, any liability of the school district, and of its officers, agents or employees, arising out of such medical treatment.

We have read, understand, and agree to abide by the provisions of this Activity Agreement.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____



Play for Keeps
ALASKA SCHOOL ACTIVITIES ASSOCIATION

Student, Parent/Guardian Acknowledgement Form

Please read the following statements, sign below and return to your school's office

- I have participated in ASAA's "Play for Keeps" orientation and have watched the DVD presentation.
- I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the penalties for violations.
- I further understand that it is solely the school's responsibility to determine if a violation has occurred and that the school's decision may not be appealed to ASAA.
- I further understand that schools are required to report each violation to ASAA and to maintain strict confidentiality as specified in the policy. More specific wording of the confidentiality statement is found in the policy which is available from the school or at www.asaa.org.
- I further understand that students must participate in the orientation and sign this form each season prior to competition.
- I further understand that a student's parent/guardian must participate in the orientation and sign this form at least annually for the student to gain eligibility.
- I further understand that a copy of this signed form must be returned to the school before the student is permitted to participate in interscholastic activities.
- I further understand that schools shall keep a copy of the signed forms on file.
- After participating in the "Play for Keeps" orientation and having the opportunity to review and understand ASAA's Tobacco, Alcohol and Controlled Substances Policy, the violations, penalties and reporting requirements, I agree (both student and parent/legal guardian) to be bound by the terms of the policy.

Printed Name of Student

Student Signature

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

Sport or Activity

School

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

| | | | | |
|--------------------------|---------------------------|----------------------|----------------------|----------------------|
| Student Last Name | Student First Name | MI | Date of birth | Grade |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | City | Zipcode | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Phone | Email | | | |
| <input type="text"/> | <input type="text"/> | | | |
| School | | | | |
| <input type="text"/> | | | | |

PARENT/GUARDIAN

| | | |
|----------------------------------|-----------------------------------|----------------------|
| Parent/Guardian Last Name | Parent/Guardian First Name | MI |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | City | Zipcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone | Email | |
| <input type="text"/> | <input type="text"/> | |

COACH/ADVISOR

| | | |
|--------------------------------|---------------------------------|----------------------|
| Coach/Advisor Last Name | Coach/Advisor First Name | MI |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | City | Zipcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

PRINCIPAL

| | | |
|----------------------------|-----------------------------|----------------------|
| Principal Last Name | Principal First Name | MI |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| School | Phone | Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

Continuation

CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in ASAA or school district approved interscholastic activities as a representative of his/her school. I also give my consent for the the above named student to accompany the group as a member on out-of-town trips. I have received and have reviewed the "Parents Guide to Concussion in Sports."

| | | |
|--|--|---|
| Parent/Guardian name (please print) <input style="width: 90%; height: 25px;" type="text"/> | Parent/Guardian signature <input style="width: 90%; height: 25px;" type="text"/> | Date <input style="width: 90%; height: 25px;" type="text"/> |
|--|--|---|

INSURANCE COVERAGE

I understand that the Alaska State Board of Education and Alaska School Activities Association (ASAA) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE BOARD OF EDUCATION OR ASAA, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

| | | |
|--|--|---|
| Parent/Guardian name (please print) <input style="width: 90%; height: 25px;" type="text"/> | Parent/Guardian signature <input style="width: 90%; height: 25px;" type="text"/> | Date <input style="width: 90%; height: 25px;" type="text"/> |
|--|--|---|

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to medical examination, emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, nurse practitioner, PA, athletic trainer, community health aid, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or ASAA, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows: Native Services Military Private Insurance Carrier
 None. I will assume financial responsibilities for injuries.

Name of Insurer: _____ Policy Number: _____ Phone of Insurer: _____

| | | |
|--|--|---|
| Parent/Guardian name (please print) <input style="width: 90%; height: 25px;" type="text"/> | Parent/Guardian signature <input style="width: 90%; height: 25px;" type="text"/> | Date <input style="width: 90%; height: 25px;" type="text"/> |
|--|--|---|

| | |
|---|---|
| Parent/Guardian phone number <input style="width: 95%; height: 25px;" type="text"/> | Parent/Guardian emergency phone number <input style="width: 95%; height: 25px;" type="text"/> |
|---|---|

| | |
|---|---|
| Personal Physicians Name <input style="width: 95%; height: 25px;" type="text"/> | Personal Physicians phone number <input style="width: 95%; height: 25px;" type="text"/> |
|---|---|

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org

AUTHORIZATION TO RELEASE MEDICAL INFORMATION RELATING TO STUDENT HEALTH REVIEW/EXAM

TO:

Medical Provider

I hereby authorize you to release copies of all medical information in your possession, whether paper or electronic, relating to student health review/exams of the student identified below to the school or school district in which the student is enrolled and to appropriate health care providers.

Name of school or school district

This release authorizes disclosure of this information to the school for purposes of the school's determining the fitness of the student to participate in strenuous physical activities, including but not limited to competitive athletic events.

I understand that the medical information disclosed by the medical provider to the school may be further disclosed by the school to the school's administrators, athletic director and coaches of any interscholastic activities in which I seek to participate.

I understand that once the information is disclosed, it may be re-disclosed by the recipient and federal law may not protect the information.

I understand that I may revoke this authorization in writing at any time, except to the extent action has been taken in reliance on this authorization.

I certify that the signatures on this release are voluntary.

Photocopies of this release shall have the same authority as the original. This release will expire one year from the date of signatures on this form, unless revoked earlier by me in writing.

Date of signature

Signature of student

Printed or typed name of student

Student's social security number

Date of birth

CONSENT OF PARENT

I am the parent or legal guardian of the above student, and authorize the foregoing release of medical information to the student's school/school district and to appropriate health care providers.

Date of signature

Signature of parent / legal guardian

Printed or typed name of parent / legal guardian

STUDENT HEALTH REVIEW/EXAM

SECTION A: To be completed by parent or guardian.

| | | | | |
|--|---|---|--|---|
| Student Last Name <input style="width:90%;" type="text"/> | Student First Name <input style="width:90%;" type="text"/> | MI <input style="width:20px; height:20px;" type="text"/> | Date of birth <input style="width:90%; border-bottom: 1px solid black;" type="text"/> | Grade <input style="width:90%; border-bottom: 1px solid black;" type="text"/> |
| Address <input style="width:95%; height:30px;" type="text"/> | | City <input style="width:95%; border-bottom: 1px solid black;" type="text"/> | | Zipcode <input style="width:95%; border-bottom: 1px solid black;" type="text"/> |
| Phone <input style="width:95%; border-bottom: 1px solid black;" type="text"/> | Emergency Phone <input style="width:95%; border-bottom: 1px solid black;" type="text"/> | | Date of last physical exam <input style="width:95%; border-bottom: 1px solid black;" type="text"/> | |
| Are your immunizations up to date <input type="checkbox"/> Yes <input type="checkbox"/> No | | Last tetanus shot <input style="width:90%; border-bottom: 1px solid black;" type="text"/> | Last measles shot <input style="width:90%; border-bottom: 1px solid black;" type="text"/> | Last TB skin test <input style="width:90%; border-bottom: 1px solid black;" type="text"/> |

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently taking any medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you tire more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been told that you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had racing of your heart or skipped beats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died of heart problems or sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any skin problems (<i>itching, rashes, acne</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a concussion? If yes, how many _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you suffer from migraines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever had heat or muscle cramps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have trouble breathing or do you cough during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you use any special equipment (<i>pads, braces, neck rolls, mouth guards, eye guards, etc.</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you wear glasses or contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| ___Head ___Shoulder ___Thigh ___Neck ___Elbow ___Knee ___Chest | | |
| ___Forearm ___Shin/calf ___Back ___Wrist ___Ankle ___Hip ___Hand | | |
| 26. Have you ever had other medical problems (<i>infectious mononucleosis, diabetes, etc.</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you had any medical problem or injury since your last evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are you Diabetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are you Asthmatic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have any allergies (<i>medicine, bees or other stinging insects</i>)?? | <input type="checkbox"/> | <input type="checkbox"/> |
| List all allergies: _____ | | |
| 31. When was your first menstrual period? _____ | | |
| When was your last menstrual period? _____ | | |
| What was the longest time between your periods last year? _____ | | |
| 32. Explain all "yes" answers: _____ | | |
| _____ | | |

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and give consent for my student to be examined.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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STUDENT HEALTH REVIEW/EXAM

SECTION B: To be completed by physician, physician assistant or advanced nurse practitioner

This form to be sent to the school (do not send to ASAA)

Student Last Name Student First Name MI Date of birth Grade

Height Weight Blood Pressure Pulse

Vision — Right Eye Vision — Left Eye Vision Corrected? Yes No Pupils

| | NORMAL | ABNORMAL FINDINGS | INITIALS |
|-----------------|--------|-------------------|----------|
| Cardiopulmonary | | | |
| Pulse | | | |
| Heart | | | |
| Lungs | | | |
| Skin | | | |
| Abdominal | | | |
| Genitalia | | | |
| Musculoskeletal | | | |
| Neck | | | |
| Shoulder | | | |
| Elbow | | | |
| Wrist | | | |
| Hand | | | |
| Back | | | |
| Knee | | | |
| Ankle | | | |
| Foot | | | |
| Other | | | |

Clearance: Cleared
 Cleared after completed evaluation/rehabilitations for (Specific Sports): _____
 Not cleared for: Collision Contact Noncontact Strenuous
 Moderately Strenuous Nonstrenuous

Due to: _____

Name of M.D., P.A. or ANP (circle which) Signature Date

Address Phone

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HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, 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.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

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

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



ASAA Parent's Guide to Concussions In Sports (rev 5/20/12)

What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. The injury occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a direct or indirect force. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion. In fact only 3-10% of concussions do produce loss of consciousness.

Concussion Facts

- It is estimated that over 250,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System, 2010-2011). The CDC estimates 5.5 million sports concussions occur annually in the United States (CDC, 2011)
- Concussions occur most frequently in hockey and football, but girls' soccer, boys' soccer, and girls' basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to many months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports when still having symptoms from a concussion as they are at risk for prolonging symptoms and at risk for sustaining additional, more serious, brain injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to recognize.

What are the signs and symptoms of a concussion?

SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES

Appears dazed or stunned

Is confused about what to do

Forgets plays

Is unsure of game, score, or opponent

Moves clumsily

Answers questions slowly

SYMPTOMS REPORTED BY ATHLETE

Headache

Nausea

Balance problems or dizziness

Double or fuzzy vision

Sensitivity to light or noise

Feeling sluggish

Loses consciousness

Shows behavior or personality changes

Can't recall events prior to hit

Can't recall events after hit

Feeling foggy or groggy

Concentration or memory problems

Confusion

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents, coaches, and officials are not expected to be able to "diagnose" a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion. And, if you suspect a concussion, then your child must stop playing:

When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department.

When can an athlete return to play following a concussion?

After suffering a concussion, **no athlete should return to play or practice on that same day.** Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity safely in such a short time.

Concerns over athletes returning to play too quickly have led state lawmakers, in Alaska and most other states, to pass laws stating **that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play in practices or games.** The laws also mandate that coaches receive education on recognizing the signs and symptoms of concussion.

Only when an athlete has been completely free of concussion symptoms for 24 hours, are they eligible to be cleared to begin the Return to Play Protocol. The athlete should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. There is a minimum of 24 hours between steps in the Protocol.

Some athletes complete one step each day. An individual athlete may be guided through the Protocol more slowly if they are at risk for prolonged concussion or additional brain injury. If symptoms recur during exercise, then exercise is ended and begins the next day at the preceding day's level.

Concussion Return to Play Protocol (ASAA, 2/18/2012)

- **Symptomatic Stage:**
 - Physical and Cognitive Rest.
 - Then Incremental Cognitive Work, without Provoking Symptoms.
 - **If no symptoms, then:**
- **Day 1:**
 - Begin when symptom free for 24 hours.
 - 15 min **light aerobic** activity (walk, swim, stationary bike, no resistance training).
 - **If no symptoms, then:**
- **Day 2:**
 - 30 min **light-mod aerobic** activity (jog, more intense walk, swim, stationary bike, no resistance training).
 - **Start PE Class** at previous day's activity level.
 - As RTP Protocol activity level increases, PE activity level remains one day behind.
 - **If no symptoms, then:**
- **Day 3:**
 - 30 min **mod-heavy aerobic** activity (run, swim, cycle, skate, Nordic ski, no resistance training).
 - **If no symptoms, then:**
- **Day 4:**
 - 30 min **heavy aerobic** (hard run, swim, cycle, skate, Nordic ski).
 - 15 min **Resistance Training** (push-up, sit-up, weightlifting)

- **If no symptoms, then:**
- **Day 5:**
 - **Return to Practice, Non-contact Limited Participation** (Routine sport-specific drills).
 - **If no symptoms, then:**
- **Day 6:**
 - **Return to Full-Contact Practice**
 - **If no symptoms, then:**
- **Day 7:**
 - **Medically Eligible for Competition when completes RTP Protocol and is cleared by Healthcare Professional**
 - **ASAA Eligibility Criteria** must be met before return to competition.

If symptoms recur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

How can a concussion affect schoolwork?

Following a concussion, many athletes have difficulty with cognitive work: thinking, focusing attention, calculating, attending school, doing homework, taking tests. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

Following concussion, athletes should begin with a period of rest, in which they avoid cognitive work. As concussion symptoms diminish and the athlete feels able, he/she can begin trials of cognitive work, e.g. reading, texting, computer, TV, videos, school. The introduction of cognitive work should be in short increments which increase progressively in length, so long as symptoms do not recur or worsen with the work. For example, start with 30 minutes of computer time, and, if symptoms do not worsen, try one hour later in the day. If several hours of cognitive work are well tolerated at home, try attending a half day of school. When a full day of school is tolerated add homework.

Academic accommodations may be necessary for students attempting to attend school when they still have concussion symptoms. In many cases it is best to lessen the athlete's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. If cognitive work at any time provokes or exacerbates symptoms, then the work should be discontinued and there should be cognitive rest until the

symptoms subside. The student can attempt to advance cognitive work again on the day following resolution of the increased symptoms.

What can I do?

- Learn to recognize the “Signs and Symptoms” of concussion as listed above.
- Emphasize to administrators, coaches, and other parents your concerns and expectations about concussion and safe play.
- Teach your athlete to tell the coaching staff if the athlete suspects that they or a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year or over the summer to appropriate school staff. This will help in monitoring and protecting injured athletes as they move to the next season’s sports.

Why is it so important that an athlete not return to play until they have completely recovered from a concussion?

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. The risk of such difficulties is diminished if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return-to-sport or other physical activity when symptoms of concussion are present.

Is a “CAT scan” or MRI needed to diagnose a concussion?

Diagnostic imaging tests, which include CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), the tests are typically normal, even in athletes who have sustained a severe concussion. A concussion is diagnosed based upon the athlete’s story of the injury and a physical examination.

What is the best treatment to help my child recover more quickly from a concussion?

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms

lessen, you can allow increased access to computers, video games, etc., but the access must be lessened if symptoms worsen.

How long do the symptoms of a concussion usually last?

The symptoms of a concussion will usually go away within two weeks of the initial injury. However, in some cases, symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms and disability underscores the need for careful management of all concussions.

How many concussions can an athlete have before he or she should stop playing sports?

There is no “magic number” of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as mechanism of injury and length of symptoms following the concussion, are very important and must be considered when assessing an athlete’s risk for further and potentially more serious concussions. The decision to “retire” from sports can only be reached following a thorough review of the athlete’s concussion history, coupled with a thorough and frank discussion between you, your doctor, and your child.

I’ve read recently that concussions may cause long-term brain damage in professional athletes. Is this a risk for high school athletes who have had a concussion?

The issue of “chronic encephalopathy” in some former NFL and NHL players has received much media attention. Very little is known about what may be causing dramatic abnormalities in their brains. These players had long professional careers after playing in high school and college. In most cases, they played more than 20 years and suffered multiple concussions in addition to thousands of other blows to their heads. Alcohol, steroid, and other drug use may also have contributed to the brain changes. The average high school athlete does not accumulate nearly the number of potentially injurious blows to the brain as a professional player. But we know that the teenage brain is much more vulnerable to injury and to more severe injury than the older brain. And the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each and every concussion.

What will happen when my child completes the Return To Play Protocol?

When the Return to Play Protocol has been successfully completed, the athlete will be examined by the responsible healthcare provider. Additional tests may be appropriate. The provider will sign a medical clearance to resume competition. The Return To Play Protocol together with medical examination is the

internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Completing the Return to Play Protocol and medical examination does not mean that the brain has fully recovered from concussion or that there is not risk in returning to competition. But it is the safest way that physicians know at this time. Participation in athletics is accompanied by risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at increased risk for another head injury. Once the athlete is medically eligible to return to competition, the parent and athlete will be asked to sign a consent, accepting the risk in returning to play.

Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports," from materials by the OSAA's Medical Aspects of Sports Committee and from materials prepared by the NFHS Sports Medicine Advisory Committee. Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm or www.nfhs.org for more information.

If you have any further questions regarding the policies and procedures for managing concussions in Alaska student athletes or want to know how to find a concussion specialist in Alaska, please visit the Alaska School Activities Association website, asaa.org, and your school district website.



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or 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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

| SIGNS OBSERVED BY COACHING STAFF | SYMPTOMS REPORTED BY ATHLETES |
|---|--|
| Appears dazed or stunned | Headache or “pressure” in head |
| Is confused about assignment or position | Nausea or vomiting |
| Forgets an instruction | Balance problems or dizziness |
| Is unsure of game, score, or opponent | Double or blurry vision |
| Moves clumsily | Sensitivity to light |
| Answers questions slowly | Sensitivity to noise |
| Loses consciousness (<i>even briefly</i>) | Feeling sluggish, hazy, foggy, or groggy |
| Shows mood, behavior, or personality changes | Concentration or memory problems |
| Can’t recall events <i>prior</i> to hit or fall | Confusion |
| Can’t recall events <i>after</i> hit or fall | Just not “feeling right” or “feeling down” |

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. An athlete 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 not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes 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.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. 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. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

ASAA PARENT AND STUDENT VERIFICATION OF RECEIPT OF INFORMATION CONCERNING CONCUSSIONS

In accordance with AS 14.20.142, the School District requires that each athlete, and each minor athlete’s parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the District. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled “A Parent’s Guide to Concussions in Sports.” Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled “Head’s Up: Concussion in High School Sports – A Fact Sheet for Athletes.” Students who are 18 years of age or older will also be provided with the Parent’s Guide.

Parents and Students should review this information, discuss it at home, and direct any questions to the student’s coach, school principal or athletic activities director.

Student Acknowledgement (required for all athletes)

I acknowledge that I have received a copy of “Head’s Up: Concussion in High School Sports – A Fact Sheet for Athletes” and understand its contents.

Student Signature

Print Name

Date

Parent/Guardian/Eligible Student Acknowledgement (Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

I acknowledge that I have received a copy of “A Parent’s Guide to Concussions in Sports” and understand its contents.

Parent/Guardian/Eligible Student Signature

Print Name

Date

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
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SUDDEN CARDIAC ARREST

PARENT & STUDENT INFORMATION SHEET

Sudden Cardiac Arrest (SCA) takes the lives of thousands of students every year. It is the number one cause of death in student athletes. SCA is where the heart stops beating suddenly. An individual will stop breathing and collapse, lying motionless or appearing to have a seizure.

CAUSES OF SCA INCLUDE:

- Structural heart defects (hypertrophic cardiomyopathy, Marfan syndrome etc.)
- Electrical Heart Defects (long QT syndrome, Wolff-Parkinson White Syndrome, etc.)
- Blow to the chest (Comotio Cordis)

RISK FACTORS FOR SCA INCLUDE:

- Fainting or seizures during or immediately following exercise
- Chests pains during exercise
- Unexplained shortness of breath, long time to catch breath
- Dizziness
- Unusually rapid heart rate
- Extreme fatigue, always tired and lack of energy
- Unexplained sudden death of a direct family member under the age of 50

If you have any of the risk factors consult your healthcare provider

TO INCREASE THE CHANCES OF SURVIVING SCA THERE SHOULD BE:

1. An Emergency Action Plan in place for every practice and event
2. Someone immediately calling 911
3. An Automated External Defibrillator (AED) immediately accessible
4. Cardiopulmonary Resuscitation (CPR) hands only started immediately

I have reviewed and understand the symptoms and warning signs of SCA

TO BE COMPLETED BY THE STUDENT AND HIS/HER PARENT OR GUARDIAN.

| | | |
|---|-------------------------------------|----------------------|
| Student Name (please print) | Student Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Parent or Guardian Name (please print) | Parent or Guardian Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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