



LEXINGTON MIDDLE SCHOOL ATHLETIC PAPERWORK CHECKLIST

Student Athlete's Name: _____ School: _____ Date: _____
(As on birth certificate; no nicknames)

Grade: _____ Sports(s): _____

Did the athlete attend LMS all of last year? _____ If NOT, where? _____

To participate in athletics at Lexington Middle School, the following items must be completed and on file:

1. _____ **Current Physical.** Must be dated after April 1, to be valid for the next year.
(Must be on the form in this packet, signed and dated by athlete, parents and physician)
2. _____ **Sports Health Form.** (Must be filled out completely. This contains emergency contact, Health insurance information and consent to participate and provide medical treatment.)
3. _____ **Concussion Acknowledgment Form.** (SC State Law - Must be signed by athlete and parent/guardian.)
4. _____ **Acknowledgment of Medical Services without Compensation**
5. _____ **Student Drug Testing Program Acknowledgement and Consent Form**
6. _____ **Athletic Fee (\$75),** to be paid after making team and one time fee a school year.

No athlete will be allowed to participate (try-out or practice) without all paperwork being turned in.

To be eligible to compete per the SCHSL, each athlete must have:

- Current Pre-Participation Physical Examination on file dated after April 1.
- Parent Permission Form on file
- Copy of Birth Certificate on file
- Academic eligibility

***If new to LMS due to a transfer, all transfer paperwork must be completed and approved.**

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____

Grade: _____

LEXINGTON HIGH SCHOOL SPORTS HEALTH FORM

EMERGENCY CONTACT INFORMATION

(Please Print)

Athlete's Full Name _____ Cell Phone _____
 Sex ___ Age ___ Date of Birth _____ SS# _____ Grade _____ School Year _____
 Mailing Address _____ City _____ Zip _____
 Home Phone _____
 Mother's Name _____ Phone _____ Employer/Occupation _____
 Father's Name _____ Phone _____ Employer/Occupation _____
In an EMERGENCY, if parents cannot be contacted, notify:
 Contact 1 _____ Phone _____ Contact 2 _____ Phone _____
 Family Doctor _____ Phone _____ Family Dentist _____ Phone _____
 Preferred Hospital _____ Glasses/Contacts _____
 Allergies _____ Medications _____
 Significant Medical History/Existing Conditions _____

HEALTH INSURANCE INFORMATION

Do you have health insurance? **Y / N** Do you have Medicaid? **Y / N** Medicaid Number _____
 Name of Insurance Company _____ Mailing Address _____
 Insured's Name _____ SS# _____ Policy # _____

Does your insurance plan require you to be seen by your primary care physician before being seen by a specialist? **Y / N**
 Does your insurance require a second opinion before surgery? **Y / N**

Lexington School District 1 carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to pay secondarily to the athlete's primary health insurance. In the event of injury while participating as a part of a SCHSL sanctioned sports team representing Lexington High School, the athlete should seek the attention of a staff athletic trainer as soon as possible. The athletic trainer will complete the top portion of the insurance claim form. The parent will complete the remainder of the claim form, follow the attached directions, and mail the completed form to the insurance company. *Please note the claim must be filed within 90 days of injury.****

ACKNOWLEDGEMENT OF RISK & DUTY TO REPORT INJURY

My child and I have read and understand the concussion fact sheet, the LHS Concussion Management Plan, and the information on proper tackling technique (football only) attached to this document. We understand and accept the risk involved in athletic participation and in the travel required for that participation. We understand that it is his/her responsibility to report all injuries and illnesses to the school's staff athletic trainers immediately.

Parent's Signature _____ Date _____

PERMISSION TO PARTICIPATE/CONSENT FOR MEDICAL TREATMENT/RELEASE OF INFORMATION

As parent/legal guardian of the above named student, I give permission for him/her to participate in athletics, travel with his/her team to events, and for the physical evaluation for participation. I understand that the physical evaluation required for participation is simply a screening evaluation and not a replacement for regular healthcare. I give consent for athletic trainers, coaches, and physicians to use their own judgment in securing medical aid and ambulance service when the parent cannot be reached. In the event of an accident requiring immediate medical attention, I hereby grant permission to physicians, athletic trainers, and/or appropriate healthcare professionals to attend my child. It is understood that the school cannot be held responsible for any medical bills incurred because of illness or injury. Furthermore, I give permission for my child to be evaluated and treated by the school's athletic training staff and/or team physicians if he/she is injured while participating as an athlete at Lexington High School. We authorize the school's athletic training staff to be given medical information concerning my child by a physician. Likewise, the athletic training staff may release medical information to physicians, coaches, nurses, administrators and faculty at Lexington High School, as they deem appropriate.

Parent's Signature _____ Date _____

STATE OF SOUTH CAROLINA

Acknowledgment of Medical
Services Without Compensation

County of Lexington

The undersigned, * _____, is a patient who has
(Student name)

received medical service from the undersigned physician which physician rendered such medical service voluntarily and without compensation or expectation or promise thereof. The volunteer team physician rendered these medical services. These medical services were rendered at the athletic field, school site, or the physician's office/hospital. This acknowledgment or agreement has been made before the rendering of the medical services by the physician.

* _____
Parent or Guardian

* _____
Date

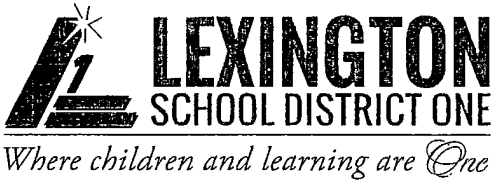
CERTIFICATE OF PHYSICIAN

The undersigned physician certifies that he has rendered medical services voluntarily and without compensation, expectation or promise thereof to the above named individual. The agreement to provide voluntary uncompensated service to the above named individual was made and executed before the rendering of the medical services by the undersigned physician.

Physician

Date

Note: Only sign where there is an *. You do not need for your Physician to sign.



Lexington School District One
Student Drug Testing Program Acknowledgement and Consent Form
Student Athletes and Student Drivers

Lexington County School District One cares about drug abuse and the physical well-being of its students, including those covered in this policy. This program's primary objectives are to deter drug use among students participating in school-sponsored interscholastic athletic competitions and/or students who drive and park on campus. Also, Lexington County School District One aims to assist these covered students in receiving education and counseling about drug abuse. While the misuse of drugs is a potential problem for all students, unique pressures and risks exist for students participating in athletics and students who drive and park on campus. This policy is designed to help protect covered students and others with whom they compete from potential injury because of the misuse of drugs.

STUDENT ACKNOWLEDGEMENT AND CONSENT

I _____ have received, read and understand Policy JJIE Student
(Student) First Name Middle Name Last Name
Drug Testing Program and Administrative Rule JJIE-R Student Drug Testing Program. I agree to accept and abide by the rules and regulations set forth in the policy and administrative rule. I understand that I will be subject to random drug testing throughout the year in which I participate in a school-sponsored interscholastic athletic competition and/or drive and park on campus. Since the process is random, I understand it is possible for me to be tested more than once during the school year. I also understand that this form remains in effect throughout my years of attendance in Lexington School District One or until the submission of a written request from a parent/guardian to withdraw consent.

STUDENT SIGNATURE

DATE

SCHOOL

GRADE

FEEDER HIGH SCHOOL (IF IN MIDDLE SCHOOL)

PARENTAL ACKNOWLEDGEMENT AND CONSENT

I have received, read and understand Policy JJIE Student Drug Testing Program and Administrative Rule JJIE-R Student Drug Testing Program. I give consent for my child _____ to participate in this program as a requirement for participation in any school-sponsored interscholastic athletic competition and/or receiving on campus driving and parking privileges. I understand that this form remains in effect throughout my child's years of attendance in Lexington School District One or until the submission of a written request from me to withdraw consent.

PARENT/LEGAL GUARDIAN NAME (Please PRINT clearly)

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Lexington County School District One
100 Tarrar Springs Road • PO Box 1869
Lexington, SC 29071-1869 • 803-821-1000

STUDENT DRUG TESTING PROGRAM

Code **JJIE** Issued **5/16**

Purpose: To establish a program and procedures for random drug testing of district students in grades seven through 12 involved in a school-sponsored interscholastic athletic competition and/or district student drivers (hereinafter "covered students").

Lexington County School District One cares about drug abuse and the physical well-being of its students, including those covered in this policy. This program's primary objective is to deter drug use among students participating in a school-sponsored interscholastic athletic competition and by students who drive to school. The policy aims to help these covered students receive education and counseling about drug abuse.

While the misuse of drugs is a potential problem for all students, unique pressures and risks exist for students participating in athletics. This policy is designed to help protect covered students and others with whom they compete from potential injury because of the misuse of drugs. The policy is also designed to protect the safety of all of our students and community members by aiming to deter drug use by student drivers.

The district's board of trustees authorizes the administration to implement a random drug testing program for covered students. The accompanying administrative rule (JJIE-R) sets forth the procedures for conducting these tests and appropriate responses regarding the results.

For the purpose of this policy, a drug includes, but is not limited to, marijuana (THC), opiates, cocaine, methamphetamines, phencyclidine (PCP), MDMA (Ecstasy), unauthorized prescription medications, and/or any other substance defined as a controlled substance by either South Carolina or federal law. All medications, including over the counter drugs, must be properly registered with the school nurse.

This policy does not conflict with any other board policy or administrative rule which authorizes disciplinary action for the possession, use, sale, or transfer of alcohol or controlled substances while on school grounds or at a school-sponsored event on or off campus. The administration will enforce this policy as defined in administrative rule JJIE-R.

Adopted 5/19/15; Revised 5/17/16

STUDENT DRUG TESTING PROGRAM

Code **JJIE-R** Issued **5/16**

Drug Testing Procedure

Before a student can become eligible for participation in a school-sponsored interscholastic athletic competition in grades seven through 12 or obtain on-campus driving and parking privileges, the student and parent/legal guardian must complete a signed consent form indicating their agreement to be subject to testing and the rules and procedures of the program.

That agreement must be filed with the coach or school designee. The consent form, along with a copy of policy JJIE and this administrative rule, will be given to all students trying out for participation in a school-sponsored interscholastic athletic competition, as well as to all students applying for on-campus driving and parking privileges. Once a student is selected for participation in a school-sponsored interscholastic athletic competition or obtains on-campus driving and parking privileges, he/she becomes a covered student.

Covered student athletes remain eligible for random drug testing from the date the consent form is turned in to the coach or school designee. The consent remains in force until the student graduates or leaves the school district or consent is revoked. Student drivers remain eligible for random drug testing each school year after they have received on-campus driving and parking privileges.

Failure to consent to participation in the drug testing program will automatically exclude any individual from participation in any school-sponsored interscholastic athletic competition and/or obtaining on-campus driving and parking privileges. A covered student or his/her parent/legal guardian may revoke the consent to drug test at any time, but such revocation will result in the student no longer being eligible to participate in a school-sponsored interscholastic athletic competition, nor will that student be eligible to drive or park on campus for the remainder of the school year.

Covered students will be subject to testing for the use of controlled substances as well as prescription and over-the-counter substances, drugs, or medications. Testing will ensure that the specimens being analyzed are identified with the appropriate student, that the purity of the samples are maintained, and that positive results are validated for confirmation purposes. All chemical analyses will be conducted by a professional laboratory and will be at the district's expense, except for follow-up testing, which will be at the covered student's expense.

All student drug testing records will be kept strictly confidential in accordance with written district policy and the Family Educational Rights and Privacy Act (FERPA). The covered student, his/her parents/legal guardian and school personnel (on a need-to-know basis consistent with FERPA) are the only persons who will be notified of test results. Law enforcement personnel will not be notified. All records relating to and including student drug testing results will be destroyed by the district upon the student's graduation or other departure of the student from the district.

Frequency of Testing

All covered students will be subject to random drug testing throughout the year in which they participate in a school-sponsored interscholastic athletic competition and/or receive on-campus driving and parking privileges. Since the process is random, it is possible for a covered student to be tested more than once during the year. The district will annually test a minimum of 25 percent of covered students.

PAGE 2 - JJIE-R - STUDENT DRUG TESTING PROGRAM

Substances for Which Students Will Be Tested

In administering the random drug testing program, the district will test for the presence of certain substances that may include, but will not be limited to, marijuana (THC), opiates, cocaine, methamphetamines, phencyclidine (PCP), MDMA (Ecstasy), unauthorized prescription medications, and/or any other substance defined as a controlled substance by either South Carolina or federal law.

Selection of Students for Testing

A confidential testing schedule will be created by the district's office of student services and the district's approved testing agency prior to the initiation of the program. This will ensure that testing of covered students is conducted in a manner that is random and protects the privacy of students.

Administering the Test

All aspects of the random drug testing program, including the collection of the specimens, will be conducted to safeguard any and all personal and privacy rights of the student to the maximum extent possible.

The policy treats a student's test result as a confidential health record pursuant to both federal and state regulations. As such, any information obtained by the drug testing program which would identify the student as a drug user may be disclosed only for those purposes and under those conditions permitted by federal regulations.

No testing record of any student will be used to initiate or substantiate any criminal charges against a participant or to conduct any investigation of him/her.

The district's approved testing agency will oversee the collection of specimens in accordance with the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The testing agency will test the specimen on site when possible and appropriate. All positive specimens collected will be forwarded to a licensed laboratory for validation of results.

The student and collector will complete a specimen control form, which will detail and guarantee the chain of custody.

Negative specimens will be kept by the testing facility for 24 hours. Positive specimens will be kept for one year and one day pending a request for retesting of a specimen, if any.

Any attempt by a student to tamper with the specimen collection process will be deemed and constitute the specimen as positive.

Maintenance of Test Results

Participating students' test results and subsequent actions will be kept in confidential files separate from their other educational records. The results will be disclosed only to those personnel who have a need to be informed regarding the result of the test in order to oversee implementation of the drug testing program and consequences for violating the policy. Students' drug testing information resulting from the program will not be turned over to any outside agencies except under circumstances in which the school district is legally compelled to surrender or disclose such test results.

The results of all drug tests will be cumulative and will remain a part of each tested student's file for the duration of the covered student's eligibility to participate in any covered activity.

PAGE 3 - JJIE-R - STUDENT DRUG TESTING PROGRAM

Notification of Testing Results

If a covered student tests negative, the parent/legal guardian will be informed in writing of the test results.

If a covered student tests positive, the student's parent/legal guardian will be contacted and asked to attend a conference with the student and principal and/or his/her designee.

Consequences

Student athletes who are also student drivers will be subject to both categories of consequences (on-campus driving and parking suspension as well as athletic suspension) if they are found in violation of the student drug testing program.

Should a covered student test positive, each subsequent violation will carry the assigned athletic and on-campus driving and parking suspension.

Students who drive to school while serving a driving suspension as a result of violating the student drug testing program will be subject to out-of-school suspension.

Consequences will result from any of the following violations:

- a confirmed positive drug test
- tampering with the specimen collection process
- noncompliance with individual treatment plan

First offense

Student athletes

A conference must be held between the principal and/or his/her designee, parent/legal guardian, and student.

The student will be ineligible to participate in all school-sponsored interscholastic athletic competitions, school practices, and any extracurricular activity related to any sport in which the student is participating for 14 calendar days. The 14 calendar days begin on the date that the student and parents/legal guardian are notified of the positive test results.

At the conclusion of the 14 days of ineligibility, the student must also test negative for drugs using the district's testing agency prior to resuming participation in any practice, competition, or related activity.

At the parent/legal guardian's expense, the student will participate in drug counseling provided by a certified clinical counselor. The minimum number of sessions will be determined by the counselor. At the parent/legal guardian's expense, the student may be subject to periodic drug retesting while participating in this drug-counseling program.

Student drivers

A conference must be held between the principal and/or his/her designee, parent/legal guardian and student.

The student will lose on-campus driving and parking privileges for 14 calendar days. The 14 calendar days begin on the date that the student and parent/legal guardian are notified of the positive test results.

PAGE 4 - JJIE-R - STUDENT DRUG TESTING PROGRAM

At the conclusion of the 14 days, the student must also test negative for drugs using the district's testing agency prior to having on-campus driving and parking privileges reinstated.

At the parent/legal guardian's expense, the student will participate in drug counseling provided by a certified clinical counselor. The minimum number of sessions will be determined by the counselor. At the parent/legal guardian's expense, the student may be subject to periodic drug retesting while participating in this drug counseling program.

Second offense

Student athletes

A conference must be held between the principal and/or his/her designee, parent/legal guardian, and student.

Should a student have a second violation, the student will be ineligible to participate in all school-sponsored interscholastic athletic competitions, school practices, and any extracurricular activity related to any sport in which the student is participating for 90 calendar days. The 90 calendar days begin on the date that the student and parents/legal guardian are notified of the positive test results.

At the conclusion of the 90 days of ineligibility, the student must also test negative for drugs using the district's testing agency prior to resuming participation in any practice, competition, or related activity.

At the parent/legal guardian's expense, the student will participate in drug counseling provided by a certified clinical counselor. The minimum number of sessions will be determined by the counselor. At the parent/legal guardian's expense, the student may be subject to periodic drug retesting while participating in this drug counseling program.

Student drivers

A conference must be held between the principal and/or his/her designee, parent/legal guardian, and student.

Should a student have a second violation, the student will lose on-campus driving and parking privileges for 90 calendar days. The 90 calendar days begin on the date that the student and parent/legal guardian are notified of the positive test results.

At the conclusion of the 90 days, the student must also test negative for drugs using the district's testing agency prior to having on-campus driving and parking privileges reinstated.

At the parent/legal guardian's expense, the student will participate in drug counseling provided by a certified clinical counselor. The minimum number of sessions will be determined by the counselor. At the parent/legal guardian's expense, the student may be subject to periodic drug retesting while participating in this drug-counseling program.

Third offense

Student athletes

A conference must be held between the principal and/or his/her designee, parent/legal guardian, and student.

PAGE 5 - JJIE-R - STUDENT DRUG TESTING PROGRAM

Should a student have a third violation, the student will be ineligible to participate in all school-sponsored interscholastic athletic competitions, school practices, and any extracurricular activity related to any sport in which the student is participating for one calendar year. The calendar year begins on the date that the student and parents/legal guardian are notified of the positive test results.

At the conclusion of one calendar year of ineligibility, the student must also test negative for drugs using the district's testing agency prior to resuming participation in any practice, competition, or related activity.

At the parent/legal guardian's expense, the student will participate in drug counseling provided by a certified clinical counselor. The minimum number of sessions will be determined by the counselor. At the parent/legal guardian's expense, the student may be subject to periodic drug retesting while participating in this drug counseling program.

Student drivers

A conference must be held between the principal and/or his/her designee, parent/legal guardian, and student.

Should a student have a third violation, the student will lose on-campus driving and parking privileges for one calendar year. The calendar year begins on the date that the student and parent/legal guardian are notified of the positive test results.

At the conclusion of the calendar year, the student must also test negative for drugs using the district's testing agency prior to having on-campus driving and parking privileges reinstated.

At the parent/legal guardian's expense, the student will participate in drug counseling provided by a certified clinical counselor. The minimum number of sessions will be determined by the counselor. At the parent/legal guardian's expense, the student may be subject to periodic drug retesting while participating in this drug-counseling program.

Fourth offense

Student athletes

Should a student have a fourth violation, the student will be dismissed from all school-sponsored interscholastic athletic competitions, school practices and any extracurricular activity related to any sport in which the student is participating and will be declared permanently ineligible to participate in such. The dismissal begins on the date that the student and parent/legal guardian are notified of the positive test results.

At the parent/legal guardian's expense, the student will participate in drug counseling provided by a certified clinical counselor. The minimum number of sessions will be determined by the counselor. At the parent/legal guardian's expense, the student may be subject to periodic drug retesting while participating in this drug-counseling program.

Student drivers

Should a student have a fourth violation, the student will lose on-campus driving and parking privileges for the remainder of their school career. The loss of on-campus driving and parking privileges begins on the date that the student and parent/legal guardian are notified of the positive test results.

At the parent/legal guardian's expense, the student will participate in drug counseling provided by a certified clinical counselor. The minimum number of sessions will be determined by the

PAGE 6 - JJIE-R - STUDENT DRUG TESTING PROGRAM

counselor. At the parent/legal guardian's expense, the student may be subject to periodic drug retesting while participating in this drug-counseling program.

Refusal to Take Drug Test

Any student athlete who refuses to take the drug test after being selected for testing will no longer be eligible to participate in any school-sponsored interscholastic activity for the remainder of the school year and will be required to submit to a drug test prior to participation in any future school-sponsored interscholastic athletic competition.

Any student driver who refuses to take the drug test after being selected for testing will lose on-campus driving and parking privileges for 30 calendar days. The 30 calendar days begin on the date that the student and parent/legal guardian are notified of the positive test results. At the conclusion of the 30 days, the student must also test negative for drugs using the district's testing agency prior to having on-campus driving and parking privileges reinstated.

Appeal Procedure

Parents/Legal guardians may request a retest of their student's original specimen at their own expense at the school district's approved collection/testing agency. These requests must be made to the district's student services office within 24 hours (not counting weekends or holidays) of receiving the results of the student's positive test result.

A covered student and his/her parent/legal guardian may appeal a decision made under this administrative rule by notifying the student services office within five days of the notification of a positive test result.

Subsequently, an appeal can be made to the superintendent or his/her designee. The superintendent's decision may also then be appealed to the board of trustees.

A student is not allowed to play, practice, or participate in any extracurricular activity related to any sport in which the student is participating during the appeal. A student driver is not able to drive or park on campus during the appeal.

Education

At the time of initial participation and, annually thereafter, covered students will be advised in writing of the purposes of the drug testing program. Education on drug abuse will be made available to all covered students.

Supervision and Evaluation

Results of student drug tests will be provided to the superintendent or his/her designee. A report regarding test results will be provided monthly to the board of trustees by the district administration. A cumulative district report will contain the number of students tested, the covered activities in which they participate, and the number of positive and negative tests. To ensure confidentiality, no names of students will be provided in this report.

The student services office will be responsible for an annual review of the program. A committee will assist in evaluating the effectiveness of the drug testing program.

Issued 5/19/15; Revised 5/17/16

Concussion Acknowledgement Form for Parents and Student Athletes

Student Athlete's Name (Please Print): _____

Sports Participating In: _____ School Year: _____

In accordance with the South Carolina State law "Student Athlete Concussions, Guidelines, Management" (R65, H3061), schools are required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after a concussion or brain injury or returning to play too soon after a concussion or brain injury. The law requires that each year, before beginning practice for an interscholastic sport, including cheerleading, a high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return the form acknowledging receipt of the information to the athletic trainer. The law further states that a high school athlete who is suspected of sustaining a concussion or brain injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received written medical clearance by a physician.

Parent and Student Athletes – please read the attached "Concussion – A fact sheet for student-athletes" information sheet and the Lexington Middle School Concussion Management Plan. After reading these fact sheets, please sign below and ensure that your student athlete also signs the form. Once signed, have your student athlete return this form to his/her coach or athletic trainer.

I am a student athlete participating in the above mentioned sport(s). I have received and read the Concussion Information Sheet and the Concussion Management Plan for my school. I understand the nature and risk of concussion and brain injury to student athletes, including the risks of continuing to play after a concussion or brain injury. I agree to inform the coaches and athletic trainers of any concussive symptoms that I encounter. I also understand that after written medical clearance from a physician is given, I must be released by the athletic trainers at Lexington Middle School after following and completing a 5 day return to play protocol.

Printed Student Athlete Name Signature of Student Athlete Date

I, as the parent or legal guardian of the above named student, have received and read the Concussion Information Sheet and Lexington Middle School Concussion Management Plan. I understand the nature and risk of concussion and brain injury to student athletes, including the risks of continuing to play after concussion or brain injury. I will inform the coaches and athletic trainers of any concussive symptoms that I observe. I also understand that after written medical clearance from a physician is given, my child must be released by the athletic trainers at Lexington Middle School after following and completing a 5 day return to play protocol.

Printed Parent Name Signature of Parent Date

CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion.

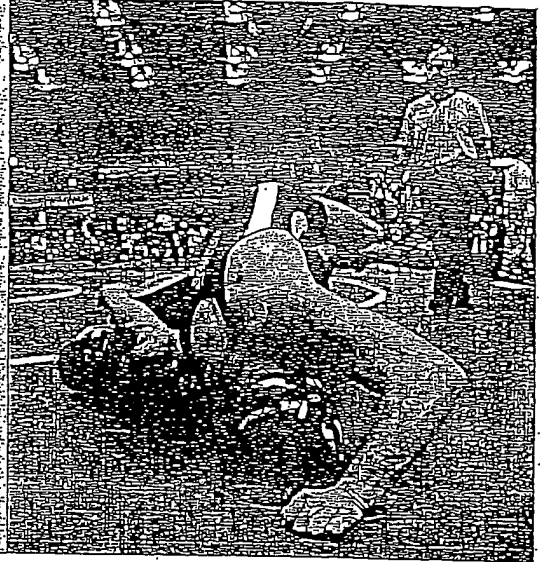
Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play.

A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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