

Name _____ Grade _____ Student ID _____ Sport _____ Gender _____

Parent e-mail address: _____

Student email address: _____

2012 - 2013

Student Athlete and Parent Packet



Office of Interscholastic Athletics

4400 Shell Street

Capitol Heights, MD 20743

Phone: 301-669-6000 Fax: 301- 669-6055

www.pgcps.org

Earl Hawkins, Director
Interscholastic Athletics

O'Shay Watson, Supervisor
Interscholastic Athletics

Member of the Maryland Public Secondary Public Schools Athletic Association



Prince George's County Public Schools

14201 SCHOOL LANE
UPPER MARLBORO, MARYLAND 20772

Parental Permission for Participation in Interscholastic Athletics

Please fill in the appropriate blanks and return this form to the head coach of the sport in which you wish your son/daughter to participate. Permission to participate is not granted unless this form is signed by the parent or legal guardian. Permission applies only to the sport specified. A new form must be submitted if guardianship or insurance information changes.

My child, _____, has my permission to participate
in the following Prince George's County athletic program for the school year 12-13 :
First Name Last Name

- | | | |
|---------------|---------------|------------------------------------|
| FOOTBALL | SWIMMING | SPORT <u>Circle all that apply</u> |
| CROSS COUNTRY | WRESTLING | SCHOOL <u>BOWIE HIGH SCHOOL</u> |
| GOLF | OUTDOOR TRACK | |
| SOCCER | BASEBALL | |
| VOLLEYBALL | SOFTBALL | |
| BASKETBALL | TENNIS | |
| INDOOR TRACK | CHEERLEADING | |

Parent/Guardian Signature Date

Address

Home Phone Work Phone

LACROSSE The school does not provide insurance coverage for athletes other than the group catastrophic policy for county football programs. All participants should have their own insurance coverage in effect at the time of participation to cover accidental injuries that might arise.

My child has injury insurance coverage under policy # _____
through _____
Insurance Company

Parent/Guardian Signature Date

In case of an emergency in which your child needs immediate medical treatment, we will send him/her to the nearest hospital and notify you immediately. The phone numbers you supply are of the utmost importance and should be updated when a change occurs. Please list your doctor's name and phone number so that he may be contacted if necessary:

Name of Doctor _____
Phone Number(s) _____

Eligibility Checklist for High School Students

Please read the following statements carefully and provide a response for each statement.

REQUIRES PARENT AND ATHLETE SIGNATURES

You must be eligible to participate in Interscholastic Athletics. Please review the following checklist with your parents. If you have questions, see your coach, athletic director and/or principal. Return this signed form to your head coach or athletic director before tryouts.

I was previously enrolled at (list School) _____.

I currently enrolled in the _____ program [where applicable].

Yes No I am officially enrolled in BOWIE High School.

Yes No I received a 2.0 or above with no failing grade during the previous quarter.

Yes No I have changed schools (transferred).

Yes No I turn 19 prior to September 1, 2012

Yes No I have been recruited to attend this school.

Yes No I have had a physical examination on ___/___/___ and have submitted the signed PGCPs approved forms to my coach.

Yes No I have returned my signed parental permission form to my coach.

Yes No I am using anabolic steroids or other performance enhancing drugs.

Yes No I have only played at my current high school [excluding club teams or AAU programs].

I reside at the following address _____

My residence is within the boundaries of _____ High School.

Yes No I reside at the aforementioned address with my parent(s) or legal guardian.

Yes No I agree to notify the coach/school of any change in residence.

Student Name Printed

_____/_____/_____
Date

Student's Signature

Parent/Guardian's Signature

_____/_____/_____
Date

Parent/Guardian's Address

Reviewed by

Athletic Director Signature

Date signed

REQUIRES PARENT & ATHLETE SIGNATURES

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____ Date of birth _____
 Name _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

REQUIRES PARENT & ATHLETE SIGNATURES

■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bilida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

****REQUIRES PHYSICIAN SIGNATURE AND STAMP****

**PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM**

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Height	Weight		
BP	Pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
		NORMAL	ABNORMAL FINDINGS
MEDICAL			
Appearance			
<ul style="list-style-type: none"> Mertan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat			
<ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart*			
<ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses			
<ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) [†]			
Skin			
<ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/hiigh			
Knee			
Leg/ankle			
Foot/toes			
Functional			
<ul style="list-style-type: none"> Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[†]Consider GU exam if in private setting. Having third party present is recommended.
 Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____ MD or DO _____

****REQUIRES PHYSICIAN SIGNATURE AND STAMP****

**■ PREPARTICIPATION PHYSICAL EVALUATION
CLEARANCE FORM**

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

Parent Keep

Prince George's County Public Schools
Office of Interscholastic Athletics
4400 Shell Street – Capitol Heights, Maryland 20743

September 1, 2012

NOTICE TO PARENTS OF STUDENT PARTICIPANTS IN THE INTERSCHOLASTIC
ATHLETICS

The Board of Education of Prince George's County does not provide basic accident insurance for any student, including those students who participate in interscholastic or intramural athletic activities. It is the responsibility of each student's parent or guardian to make certain there is adequate insurance protection.

Furthermore, each student participant's parent/guardian must sign and return the appropriate portion of the last page of this NOTICE before the student will be permitted to try out for interscholastic athletic sports.

The Board of Education of Prince George's County will maintain, at its cost and expense for the 2012 - 2013 school year, a Catastrophic Accident Insurance Policy through American Insurance Group (A.I.G.).

This policy states that:

Medical expenses will be paid on a full excess basis to cover Usual and Reasonable charges for expenses incurred for medical and dental services. The first expenses must be incurred within 26 weeks after the date of the accident. After a \$25,000 deductible is satisfied (which may be satisfied by base plan benefits), benefits will be paid for covered expenses up to a ten year limit of \$5,000,000.00. The expenses to satisfy the deductible must be incurred within two years after the date of the accident (See attached brochure).

Full excess means that benefits are payable only for covered expenses that are in excess of amounts payable by other valid and collectable group insurance. Deductibles, if any must be satisfied before benefits are paid.

Moreover, you should be advised that the Board of Education of Prince George's County did obtain through K & K Insurance a basic student accident insurance plan that is available for purchase by any parent or guardian of a student participant in the interscholastic athletic program. This accident insurance plan will cover student participants up to the described limits for any accident sustained while playing interscholastic athletics for the high school or middle school team of which the accident is a player. For more information or to purchase the student accident insurance, please visit K & K Insurance's website at:

www.studentinsurance-kk.com

All students participating in the Prince George's County Public School's high school athletic program (grades 9 -12) are eligible to purchase this coverage.

YOU MUST FILL OUT EITHER THE TOP OR BOTTOM PORTION

I have forwarded a check to Student Insurance or purchased, via the Student Insurance website www.studentinsurance-kk.com, one of the plans offered for students who wish to try-out and wish to become a member of an interscholastic athletic team. I have purchased the _____ plan to extend accident insurance coverage to my son/daughter, _____ who is trying out for the _____ team at _____ High School.

Signature of Parent or Legal Guardian

____/____/____
Date

The undersigned, parent and/or guardian of _____ acknowledges receipt of the attached notice to Parents of Student Participants in the Interscholastic Athletic Program and hereby advises the Board of Education of Prince George's County that no optional insurance coverage through Student Insurance is being sought for my son/daughter, _____ by virtue of his/her trying out and ultimately becoming a member of the final squad of an athletic team at his/ her high school. He/she attends _____ high school.

Signature of Parent or Legal Guardian

____/____/____
Date



MEDICAL CARD FOR ATHLETE

Office of Interscholastic Athletics
PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

MEDICAL CARD FOR ATHLETE

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

School Name, Jersey Number, Student Name, Phone #, Home Address, Alternate Phone #, Date of Birth, Physician, Family Physician, Hospital Preference, Allergies, Medicine Administered on the Field

PGIN 7540-2212

MEDICAL CARD FOR ATHLETE

INSURANCE INFORMATION:

Does your son/daughter have medical insurance? [] Yes [] No

If Yes, name of insurance company

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I can not be reached.

Signature, Parent/Guardian Date

This Card Must Be Kept On File In The Medical Kit For Each Sport. It Must Accompany The Athlete To The Doctor Or Hospital When Medical Attention Is Required.

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
OFFICE OF INTERSCHOLASTIC ATHLETICS

APPLICATION TO PARTICIPATE IN AN ACTIVITY AWAY FROM SCHOOL
FOR WHICH TRANSPORTATION IS NOT PROVIDED

PART I: To be Completed by Student

Student _____ Grade _____ Date _____
Last Name First Mi

Name of School _____ Sport _____

For transportation in connection with the sport I shall (check one)

- Use public transportation facilities
- Drive my own or my parents'/guardians' car with no passengers
- Drive my own or my parents'/guardians' car with _____ (number) passengers

Name(s) of Passenger(s): _____

- Ride in a car driven by a fellow student. Name of Driver _____
- Other (specify) _____

PART II: To be Completed by Parent, Legal Guardian, or Eligible Student

Read carefully before signing.

The Board of Education of Prince George's County and its servants, agents, and employees do not insure transportation as described in PART I. The school system does carry liability insurance, which under terms of the coverage may apply to a school sponsored activity. In no case would coverage be provided for activities designated as non-school sponsored.

I as parent (or legal guardian) of the student named above, or as eligible student, give permission for the named student to be transported in the manner in PART I.

I as parent (or legal guardian) of the student named above, or as eligible student, give permission for the named student to participate in the above described activity.

I release, acquit, forever discharge and agree to and do indemnify and save harmless the Board of Education of Prince George's County and its servants, agents, and employees from any and all future liability resulting from any and all claims or causes of action which I now or may in the future have for personal injuries, damage to property, loss of service, medical expenses, losses or damages of any and every kind whatsoever that may arise from the transportation to and from the activity described above. If this is a non-school sponsored activity I understand that this release also applies to participation in any non-school sponsored activity.

Signature: Parent, Legal Guardian, or Eligible Student _____

Date _____

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

Parents
Keep

Figure 3

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. 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?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

1. Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. Teach your teen that it's not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
4. Tell all of your teen's coaches and the student's school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play.
Seek the advice of a health care professional.

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

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.



Keep

Figure 2

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

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

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice *one or more* of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

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

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

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

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- 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.

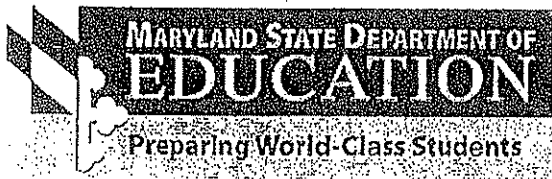
For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



REQUIRES PARENT AND ATHLETE SIGNATURES

Figure 4



For official use only: Name of Athlete _____ Sport/season _____ Date Received _____
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Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I _____, the parent/guardian of _____,
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian _____ Parent/Guardian _____ Date _____
PRINT NAME SIGNATURE

Student Athlete _____ Student Athlete _____ Date _____
PRINT NAME SIGNATURE

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

For more information visit: www.edc.gov/Concussion.

RELEASE

2012 - 2013

PUBLICITY

Throughout the school year, the Board of Education of Prince George's County and individual schools within Prince George's County Public Schools will conduct activities that may be publicized through local or national news media. These activities may include interview sessions with news reporters; photographs of individual students or groups of students for newspapers or various school system publications including newsletters, calendars, and brochures; the use of student photos on the PGCPs Web site; and videotaping for local and national television news programs, cable programming, and school system promotional videos.

Please **check one** of the two statements below. **Sign and return** this document to your child's school.

I/we **grant permission** for my/our child's name, voice, and photographic likeness to be used by Prince George's County Public Schools personnel, or reporters, journalists, or photographers employed by news media.

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Child's Name

School

Signature of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Date

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Nombre del alumno

Escuela

Firma del padre o tutor

Firma del padre o tutor

Fecha