First, Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport(s) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

TALLULAH FALLS SCHOOL / Georgia High School Association Student/Parent **Concussion Awareness Form**

(Revised: 5/20/2016)

**DANGERS OF CONCUSSION**

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue.

Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the

head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or

long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when

the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued

participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further

injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be

signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the

school, and one retained at home.

**COMMON SIGNS AND SYMPTOMS OF CONCUSSION**

• Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness

• Nausea or vomiting

• Blurred vision, sensitivity to light and sounds

• Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game

assignments

• Unexplained changes in behavior and personality

• Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**BY-LAW 2.68: GHSA CONCUSSION POLICY**: In accordance with Georgia law and national playing rules published by the National

Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion

shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional

has determined that no concussion has occurred.

(NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot

be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming

participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical

clearance.

By signing this concussion form, I give TALLULAH FALLS SCHOOL School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the summer of 2016 and 2016-17 school year. This form will be stored with the athletic physical form and other accompanying forms required by TALLULAH FALLS SCHOOL.

**I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT**.

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**Student** Name (**Printed**) Student Name (Signed) Date

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Parent Name (Printed) Parent Name (Signed) Date