

## **Concussion Information - When in Doubt, Sit Them Out!**

1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

These are some SIGNS concussion (what others can see in an injured athlete):

Dazed or stunned appearance  
Change in the level of consciousness or awareness  
Confused about assignment  
Forgets plays  
Unsure of score, game, opponent  
Clumsy  
Answers more slowly than usual  
Shows behavior changes  
Loss of consciousness  
Asks repetitive questions or memory concerns

These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

Headache  
Nausea  
Dizzy or unsteady  
Sensitive to light or noise  
Feeling mentally foggy  
Problems with concentration and memory  
Confused  
Slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. "When in doubt sit them out."

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

## RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise: stationary biking or jogging

STEP TWO: More strenuous running and sprinting in the gym or field without equipment

STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting

STEP FOUR: Full practice with contact

STEP FIVE: Full game clearance

Other helpful sources of information:

Coaches: <https://www.wiaawi.org/Portals/0/PDF/Health/ConcussionCoaches.pdf>

Parents: <https://www.wiaawi.org/Portals/0/PDF/Health/ConcussionParents.pdf>

Parents: <https://www.wiaawi.org/health/concussions>

Athletes: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionAthletes.pdf>

Order CDC materials: <http://wwwn.cdc.gov/pubs/ncipc.aspx#tbi4>

## **118.293 Concussion and Head Injury**

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(b) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.

2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.

3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b)

is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person. Sussex Jayhawks Football Inc.

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, \_\_\_\_\_, of Sussex Jayhawks Football Inc.

Student/Athlete Name

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

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signature and printed name of student/athlete Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

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signature and printed name of parent/guardian Date

## Players Code of Conduct Agreement

I hereby agree to provide a positive attitude and be responsible for my participation in Sussex Jayhawks Youth Football by following this code of conduct:

\_ I will attend (and be on time) every practice and game that is reasonably possible. I will (not parent) notify my coach if I am not able to attend a practice or game. I understand that an unexcused absence or two absences in one week will affect my playing time in that week's game.

\_ I will expect to receive a fair and adequate amount of playing time during games when I have attended practice as required and follow the Code of Conduct. I also recognize that disciplinary action can affect my playing time.

\_ I will report all injuries to my coach. I understand that if I have a Doctor's excuse for not participating in practice, I will also need a Doctor's release to return to practice.

\_ I will take care of all equipment issued to me. I understand that any deliberate destruction of uniform or equipment will result in the person being issued the uniform or equipment being responsible for the replacement cost

\_ I understand that an athlete of Sussex Jayhawks Youth Football will be subject to disciplinary action for: vandalism of property belonging to the Sussex Jayhawks School District, or Sussex Jayhawks Youth Football; the consumption of alcohol, the use of tobacco products and/or the use of any illegal drugs: physical or verbal abuse towards a coach, official or other player; reoccurring use of inappropriate speech; disruptive horseplay, the suspension from school, and two unsportsmanlike conduct calls within one game (or being thrown out of a game by an official). The disciplinary action can be up to and including the removal of the athlete from the Sussex Jayhawks Youth Football program.

\_ I will refrain from the use of profanity, racial slurs, and other inappropriate speech. The reoccurring use of inappropriate language can result in the loss of playing time for that week's game and may result in further disciplinary action as deemed necessary by the coaching staff and/or Board.

\_ I will not participate in any form of horseplay on or off the football field. I understand that horseplay that disrupts practice can result in a loss of playing time in that week's game.

\_ I will stay in the team-designated area(s), unless excused to leave by a coach, parent or guardian.

\_ I will show respect to the coaches, officials, parents and my fellow players. I understand disrespect to a coach or an official will result in disciplinary action up to and including removal from the Sussex Jayhawks Youth Football program.

\_ I will encourage sportsmanship from fellow players, coaches, officials, and parents at every game and practice. I understand if I receive two un-sportsmanlike conduct calls in one game (or have been thrown out of a game by an official); I will be removed from the remainder of that game and will sit out for the entirety of the next game.

\_ I agree that school is important. My school attendance and performance can be used to determine my participation in games and practices. I understand if I get suspended from school, I will not be allowed to practice or play games on those days. The days missed due to a suspension will be counted as unexcused absences.

\_ I will refrain from smoking or chewing tobacco, alcohol consumption, or the use of any illegal drugs. I understand if I am found in violation of using these substances, I will be subject to disciplinary action up to and including being removed from the Sussex Jayhawks Youth Football program.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parents Code of Conduct Agreement

I hereby agree to provide support, care and encouragement for my child participating in Sussex Jayhawks Youth Football by following this code of conduct:

\_ I will remember that Sussex Jayhawks Youth Football is for the children and not for the adults.

\_ I will place the emotional and physical well-being of my child, and his/her teammates, ahead of any personal desire of individual or team success.

\_ I will encourage good sportsmanship, by demonstrating positive support for all players, coaches and officials at every game, practice or other activities where players are present.

\_ I will help my child enjoy the Sussex Jayhawks Youth Football experience by being a respectful fan, providing transportation and providing medical attention for my child's injuries.

\_ I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

\_ I will require my child to treat other players, coaches, fans and officials with respect at all times.

\_ I will not directly contact or interfere with coaches or players during a game or practice.

\_ I will not be in the coaching box, player's box, or on the game field/area prior to, during, or at the conclusion of a game, unless the Head Coach has given permission to do so.

\_ I will refrain from coaching skills to my child that contradict program goals of the Sussex Jayhawks.

\_ I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at any of the games, practices or other activities where players are present. I understand that if a parent is caught violating this rule, it will result in the parent being banned from all Sussex Jayhawks Youth Football activities for the remainder of the season. If the parent violates this ban, then the athlete of the parent will be removed from the Sussex Jayhawks Youth Football program.

\_ I understand that parent verbally abusing or physically abusing a coach (or a coach's family member) or an official can result in disciplinary action being issued to the athlete of the parent. This disciplinary action can be up to and including the removal of the athlete from the Sussex Jayhawks Youth Football Program.

**\_ I understand that violations of the above rules could result in me being asked to leave the event and being barred from future attendance.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

SUSSEX JAYHAWKS FOOTBALL PLAYER HEALTH HISTORY RECORD

Players Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PHYSICIAN INFORMATION:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May physician be called in case of Emergency? YES NO

Insurance Carrier: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

List any medical concerns, past or present (i.e. asthma, heart disease, seizures, allergies, fainting, concussion)

\_\_\_\_\_  
\_\_\_\_\_

List any past medical history, including any injuries or hospitalizations: (continue on back if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_ Date of last Physical: \_\_\_\_\_

List any medication presently being taken: \_\_\_\_\_

My child may take Aspirin/Tylenol as needed YES NO

Any other concerns: \_\_\_\_\_

TO BE COMPLETED BY PHYSICIAN:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Eye Glasses Required YES NO

List any medical restrictions or limitations:

\_\_\_\_\_  
\_\_\_\_\_

I have found there are no medical reasons to preclude the above named participant from any tackle football activity.

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Address/Stamp:

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_