



# Pre-Participation Physical Evaluation

# PPE

Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329

## HISTORY FORM (should be filled out by the student and parent/guardian prior to the physical examination)

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal physician \_\_\_\_\_ Parent Email \_\_\_\_\_

**PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.**

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking: \_\_\_\_\_  No Medications

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines \_\_\_\_\_  Pollens \_\_\_\_\_  Food \_\_\_\_\_  Stinging Insects \_\_\_\_\_  
 What was the reaction? \_\_\_\_\_

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

General Questions	Yes	No	Medical Questions	Yes	No
1. Have you had a medical condition or injury since your last check up or sports physical?			27. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Has a doctor ever denied or restricted your participation in sports for any reason?			28. Have you ever used an inhaler or taken asthma medicine?		
3. 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: _____			29. Is there anyone in your family who has asthma?		
4. Have you ever spent the night in the hospital?			30. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
5. Have you ever had surgery?			31. Do you have groin pain or a painful bulge or hernia in the groin area?		
<b>Heart Health Questions About You</b>	<b>Yes</b>	<b>No</b>	32. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?			33. Do you have any rashes, pressure sores, or other skin problems?		
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34. Have you had a herpes or MRSA skin infection?		
8. Does your heart ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a head injury or concussion? If yes, how many? _____ What is the longest you've been held out of sports or school? _____ When were you last released? _____		
9. 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 <input type="checkbox"/> Other: _____			36. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			37. Do you have a history of seizure disorder?		
11. Do you get lightheaded or feel more short of breath than expected during exercise?			38. Do you have headaches with exercise?		
12. Have you ever had an unexplained seizure?			39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling (Stinger/Burner/Pinched Nerve)?		
13. Do you get more tired or short of breath more quickly than your friends during exercise?			40. Have you ever been unable to move your arms or legs after being hit or falling?		
<b>Heart Health Questions About Your Family</b>	<b>Yes</b>	<b>No</b>	41. Have you ever become ill while exercising in the heat?		
14. 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)?			42. Do you get frequent muscle cramps when exercising?		
15. 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?			43. Do you or someone in your family have sickle cell trait or disease?		
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			44. Have you had any problems with your eyes or vision?		
17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			45. Have you had any eye injuries?		
<b>Bone And Joint Questions</b>	<b>Yes</b>	<b>No</b>	46. Do you wear glasses or contact lenses?		
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			47. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had any broken or fractured bones or dislocated joints?			48. Do you worry about your weight?		
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			49. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever had a stress fracture?			50. Are you on a special diet or do you avoid certain types of foods?		
22. 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)			51. Have you ever had an eating disorder?		
23. Do you regularly use a brace, orthotics, or other assistive device?			52. Do you have any concerns that you would like to discuss with a doctor?		
24. Do you have a bone, muscle, or joint injury that bothers you?			<b>Females Only</b>	<b>Yes</b>	<b>No</b>
25. Do any of your joints become painful, swollen, feel warm, or look red?			53. Have you ever had a menstrual period?		
26. Do you have any history of juvenile arthritis or connective tissue disease?			54. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?		
			55. How old were you when you had your first menstrual period?		
			56. How many periods have you had in the last 12 months?		
			<b>Explain "yes" answers here</b>		

**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 \_\_\_\_\_

# Pre-Participation Physical Evaluation

# PPE

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## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of recent immunizations: Td \_\_\_\_\_ Tdap \_\_\_\_\_ Hep B \_\_\_\_\_ Varicella \_\_\_\_\_ HPV \_\_\_\_\_ Meningococcal \_\_\_\_\_

### PHYSICIAN REMINDERS

**1. 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 and use a helmet?

**2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).**

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / ( / ) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Gross Hearing			
Lymph nodes			
Heart * • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic***			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • 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.

\*\*\*\*Chart found in: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatric BP mobile application can also be used.

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 student history 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. 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 healthcare provider (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of healthcare provider \_\_\_\_\_, MD, DO, DC, PA-C, APRN  
(please circle one)

# ATTENTION PARENTS AND STUDENTS

## KSHSAA ELIGIBILITY CHECK LIST

**PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.**

**NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:**

**BEGINNING SEVENTH GRADER**—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

**BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL**—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

**ENTERING HIGH SCHOOL FOR THE FIRST TIME**—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

### For Middle/Junior High and Senior High School Students to Retain Eligibility

**Schools may have stricter rules** than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

**Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.**

**Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

**Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

**Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

**Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

*NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.*

**Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before September 1 of the school year in which they compete.

**Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

**Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

**Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

*NOTE: Consult the coach or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.*

**Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

**Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

**Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name \_\_\_\_\_

(PLEASE PRINT CLEARLY)

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (*See KSHSAA Handbook, Rule 7*). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

**The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable.** The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

## Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer, school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

**The above named student and I have read the  
KSHSAA Eligibility Check List  
and how to retain eligibility information listed in this form.**

### For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on all transfer students.*)

**YES NO**

1.   Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2.   Did you **pass at least five new subjects (those not previously passed)** last semester? (*The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.*)
3.   Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? (*The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.*)
4.   Did you **attend** this school or a feeder school in your district last semester? (*If the answer is "no" to this question, please answer Sections a and b.*)
  - a.   Do you reside with your parents?
  - b.   If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

**The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Grade

**Goessel Unified School District #411**  
**Emergency Medical and Insurance Information for Extracurricular Activities**

*Male Female*

\_\_\_\_\_  
Last Name of Student      First      Initial      Circle One      Grade      Date of Birth

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

**Parent/Guardian Information**

Father \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medicines student is allergic to \_\_\_\_\_

Other factors \_\_\_\_\_

***INSURANCE\****

Name of the Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

We/I, the undersigned, verify that the above-indicated insurance policy is currently in effect, provides medical and health insurance coverage for the above-named student, and will remain in full force and effect at all times the above-named student participates in any extracurricular activity offered by Goessel Schools during the current school year. By signing this document, I agree to accept full responsibility for all medical care and treatment, including all expenses incurred for such medical care and treatment, provided to the above-named student as a result of participating in school extracurricular activities. **YOUR ATTENTION IS DIRECTED TO THE FACT THAT MANY INSURANCE POLICIES EXCLUDE CERTAIN ACTIVITIES SUCH AS TACKLE FOOTBALL. PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.**

***AGREEMENT TO OBEY INSTRUCTIONS AND ACKNOWLEDGEMENT OF RISK***

We/I recognize the importance of following the instructions of coaches and sponsors regarding playing techniques, training and other rules while participating in extracurricular activities. We/I also understand that participation in extracurricular activities may involve risk of injury and that some contact sports involve greater risk of injury than other sports. Transportation of students shall be in compliance with board policy and administrative guidelines.

***MEDICAL AUTHORIZATION***

We/I the undersigned parent or legal guardian of the above named student, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authority to provide emergency medical treatment to my child. Further, should the attending physician determine, after examination, that life-saving surgery or other life-saving procedures are necessary, I do hereby grant permission to administer necessary life-saving surgery or other life-saving procedures.

**I have read and fully understand the information on this form. My signature indicates agreement with the above information.**

Dated and signed at \_\_\_\_\_ Kansas, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Legal Guardian

*\*See back of sheet for dental insurance information*

**Goessel Unified School District #411**  
**Emergency Medical and Insurance Information for Extracurricular Activities**

**\*\*\*This form must be on file in the high school office prior to participation\*\*\***

Parents and students should read this form carefully and thoroughly. The Goessel Board of Education, administration, faculty, and staff recognize the importance of safety and responsibilities pertaining to activities. Thank you for your participation.

1. **Eligibility:** Students must meet the eligibility requirements of the KSHSAA. In addition, USD 411 recognizes the importance of academics and encourages all students to prioritize their studies over activities. In order to participate in activities at Goessel, a student must be passing all classes in which they are enrolled.

Students who wish to participate must also be in good standing. To be in ‘good standing’, a student may not use, possess, or distribute any form of tobacco, illegal drugs, alcoholic beverages, or other mind altering substances either on or off school grounds. A student who is suspended short-term or long-term is not considered in “good standing” during the suspension.

2. **Insurance:** Due to the risk of injury in many of activities and especially in football, USD 411 highly recommends that each participant have some type of medical insurance to cover such things as emergency transportation, emergency room, x-ray, and doctor-care costs. Each student who participates in an activity sponsored by the KSHSAA is covered by a catastrophic insurance plan purchased by the Association which only covers the portion of medical expenses above \$25,000 and up to \$5 million. This policy is designed to give additional protection above and beyond usual coverage of a student.

USD 411 carries only liability insurance to protect the school district. Personal student insurance is made available for purchase through the high school office.

3. **Activity regulations:** Each coach has certain rules and regulations that will be explained to each participant at the beginning of each season. In addition, school policy outlined in the student handbook also pertains to activities. This includes personal appearance and dress, respect for personal property, and respect towards fellow students, staff, and patrons of USD 411.

If you have a different company for dental insurance, please list the company and policy number below.

**Name of dental insurance company:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE  
FORM  
2015-2016**

**This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>

<b>Signs observed by teammates, parents, and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> </ul>	<ul style="list-style-type: none"> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

Adapted from the CDC and the 3rd International Conference in Sport

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well

known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

### **Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

### **Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date