

**GEORGIA INDEPENDENT SCHOOL ASSOCIATION
STUDENT/PARENT CONCUSSION AWARENESS FORM**

SCHOOL: _____

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 GISA 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 though processes, confused about surroundings or game assignments
- Unexplained changes in behavior or personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

GISA CONCUSSION POLICY: In accordance with Georgia law and national playing rules, published by the National Federation of State High School Associations (NFHS), 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 a 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 the game or a practice on the same day that a concussion has been diagnosed, or 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 Awareness Form, I give _____ permission to transfer this
Name of School

concussion form to all sports that my child may play. I am aware of the dangers of concussion and this signed document will represent myself and my child during the **2019-2020** school year. This form will be stored with the student’s athletic physical form and other accompanying forms required by the school and/or GISA.

I HAVE READ THIS DOCUMENT AND I UNDERSTAND THE FACTS PRESENTED IN IT:

PRINTED STUDENT NAME

SIGNATURE OF STUDENT

DATE

PRINTED PARENT/GUARDIAN NAME

SIGNATURE OF PARENT/GUARDIAN

DATE