

A Fact Sheet for Parents and Student Athletes:

HEADS UP: Concussions in Sports

- (1) If a youth athlete participating in a youth athletic activity exhibits symptoms of having a concussion, that athlete shall be removed from the game, competition, tryout, or practice and be evaluated by a health care provider
- (2) If a youth athlete is deemed by a health care provider to have sustained a concussion, the coach or other designated personnel shall not permit the youth athlete to return to play until the youth athlete receives clearance from a health care provider for a full or graduated return to play.

(3) Key definitions:

"Licensed health care provider" means a physician 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.

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 parents/guardians should do if they think their child has a concussion?

1. OBEY THE NEW LAW.

- a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
 3. Tell all of your child's coaches, their athletic trainer, and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot 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.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

Signs Reported by Students:

- 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"

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children 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.

Signs Observed by Parents or Guardians:

- 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

Information on concussions provided by the Centers for Disease Control and Prevention.

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

AIKEN COUNTY PUBLIC SCHOOLS

**ACKNOWLEDGEMENT OF CONCUSSION PROCEDURES &
CONCUSSION INFORMATION SHEET**

Dear Parent or Guardian:

By signing below, you affirm that you have read and understood the Concussion Information Sheet, and the Procedures & Guidelines for Athletes Incurring Brain Injury (concussion and otherwise) given to you by the coach, athletic trainer, or other athletic department representative of your student's school, all as required by S.C. law. You are also acknowledging your understanding that athletic participation, in any sport, places your son/daughter at some risk for sustaining a concussion. Concussions (and traumatic brain injury) can lead to life-altering or life-threatening circumstances.

You are acknowledging your understanding that under the Procedures and Guidelines of this School District, in compliance with state law, any student athlete (including cheerleaders) with suspected concussion symptoms will be removed from practice or competition immediately for evaluation in accordance with accepted protocol(s) and may thereafter be required to be evaluated by a medical professional of your choice who has been trained in concussion evaluation. In such cases the athlete will not be able to return to play until he/she has written clearance from a physician so qualified and is able to pass all reasonable physical and cognitive testing including, but not limited to, a return to play protocol set forth and approved in recognized medical procedures for athletes.

You also acknowledge being informed that concussions affect people differently and recovery time is not always predictable. Accordingly, any athlete who sustains a concussion will not be allowed to participate until he or she has fully recovered from the concussion and presents with no physical or cognitive symptoms.

Please keep the attached Concussion Information Sheet as a reference. Please sign and submit the original of this form to your above mentioned coach, trainer, or other school representative and keep the copy for your records.

Any athletic trainer, physician, physician's assistant, or nurse practitioner, whether paid or volunteering, who evaluates an athlete on-site during practice or competition and, in his or her best professional judgment and in accordance with accepted protocols does not find signs of concussion or brain injury and authorizes return to play is generally immune from liability under the law.

Student – Athlete Name PRINTED	Student-Athlete SIGNATURE	Date
--------------------------------	---------------------------	------

Parent or Legal Guardian Name PRINTED	Parent or Legal Guardian SIGNATURE	Date
---------------------------------------	------------------------------------	------

This form is intended to comply with Subsection 1 (C), of South Carolina Code Annotated, Section 59-63-75 by the District Legal Department in consultation with Ashle Cooper, MAT, ATC



AIKEN COUNTY INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK FOR COVID-19

_____ (**Student Participant**) desires to participate in the Aiken County Public School District ("District") athletic program. I, _____ (**Parent/Guardian/Student 18 or older**), for myself and my child, understand and agree as follows regarding risks associated with the COVID 19 pandemic:

1. **Voluntary Participation:** I voluntarily elect for my child/Student Participant to access and use the District's premises, facilities, and equipment, and on other school districts' properties in the course of participating in the athletic activity, so that my child may participate in the District's athletic program. I voluntarily elect for my child/Student Participant to receive athletic instruction and training from District employees and volunteers. I understand that if I do not feel it is safe or appropriate to begin in-person workouts at this time, the student participant will be allowed to return to team activities without repercussions when I feel it is appropriate to do so, and the student participant may participate without mandatory attendance requirements during the summer period.
I understand that student participants who either have pre-existing medical conditions that place the Student Participant at higher risk of infection, or those who do not want to risk contracting COVID-19, should refrain from participating in high school sports at this time.
2. **Acknowledgment of Risk:** I warrant that I am fully aware of the inherent risks of infection from the COVID 19 virus and pandemic, among other communicable diseases, in all public spaces, and particularly in recreational facilities such as those used by the District for its athletic programs. I understand that use of the District's premises, or other premises and locations, and participation in athletic activities may result in an increased risk of exposure to COVID 19 because of, among other things, the sharing of equipment, close contact with other individuals during many athletic activities, and the prevalence of high touch surfaces inherently associated with the activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of students.
I understand that COVID 19 is considered a highly contagious virus that may have serious health consequences that could result in prolonged hospitalization, permanent injury, and even death, and the potential spread to other individuals, including other household members, and I acknowledge that such risk cannot be fully mitigated or controlled.
3. **No Warranty:** I understand that the District will make reasonable efforts to comply with guidelines of South Carolina Department of Education, South Carolina High School League, Centers for Disease Control, South Carolina Department of Health and Environmental Control. However, the District cannot eliminate the risk of exposure to COVID 19, or guarantee that the facilities and athletic activities will be free of COVID 19; that faculty, staff, and volunteers will be or will remain free of infection; or that infected and contagious students or their families will not be present on the premises or participating in the activity. Accordingly, the District cannot and does not warrant, guarantee, or offer assurances that individuals will not be exposed to COVID 19 while on the premises or engaged in athletic activities, or that individuals will not then expose others to COVID 19.
4. **Assumption of Risk:** I understand and acknowledge that my or my child's access and use of the premises, facilities, equipment, and participation in the activities involve inherent risks to me or my child, and I understand the District has no control over these risks, nor the ability or duty to eliminate such risks, and even strict adherence to guidelines cannot eliminate risk. Consequently, for myself, and for my child, I assume such dangers, risks, and hazards by participating in athletic activities at this time.

5. **Indemnification, Waiver, Release:** I hereby waive, release, discharge, and hold harmless the District, including its employees, Board, directors/officials, officers, agents, and volunteers from any and all liability associated with any injury to the Student Participant, including personal injury or illness or even death, loss of income or educational opportunity, property damage, and all losses, damages, expenses, liabilities, or claims of any nature arising out of, related to, or in any way connected to the Student Participant use of the premises, facilities, and participation in the activities.
6. **Other Acknowledgements:**
- a. I represent that I have the authority to give this Informed Consent, Release of Liability, Assumption of Risk for the Student Participant's participation in the District's athletic program and use of District premises and facilities. I am the parent/legal guardian of the Student Participant, or I am 18 years of age or older, and have the unrestricted right to enter into this Informed Consent, Release of Liability, Assumption of Risk.
 - b. I have received a copy of information on COVID 19, including FAQ Regarding Return to Team Sports and Guidelines for Return of High School Sponsored Team Sports and shall abide by them and make all reasonable efforts to equip and instruct my child to abide by them at all times while on the District's premises, or while otherwise engaged in the athletic activity, even on other districts' premises, for purposes of participating in the District's athletic program.
 - c. I agree that in the event that the Student Participant or any member of our household tests positive for COVID 19, is informed by a health care provider that that the Student Participant or member of my household is likely symptomatic for COVID 19 infection, or otherwise becomes aware of information that a reasonable person should in good faith recognize as indicating exposure to COVID 19, I will immediately notify the District.
 - d. I hereby give consent for emergency transportation and treatment in the event of illness or injury, and I accept responsibility for the payment of any emergency transportation or treatment on behalf of my child.
 - e. To the best of my knowledge I further certify that my child is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this event.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS **INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK**; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I AM WAIVING RIGHTS BY SIGNING IT; AND I HAVE SIGNED IT FREELY AND VOLUNTARILY. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE EXTENT ALLOWED BY LAW.

Signature of Parent/Guardian for Minor Student

Date

Signature of Student Participant

Date

Print Name of Parent/Guardian

Print Name of Student Participant

Employee/Coach

Date

New Ellenton Middle STEAM Magnet School

ATHLETIC DEPARTMENT

DATE: _____

This is to certify that _____ has my permission to participate in the athletic program at New Ellenton Middle School. Such participation will include initial tryouts, practice, competition, weightlifting, conditioning, and spring practice. This acknowledges my understanding that neither the school nor the Consolidated School District of Aiken County has medical insurance which would cover any potential injury that might occur during these events. I certify that there is private or family insurance available for such coverage, and I acknowledge that any cost not covered by insurance is the responsibility of me, as parent or legal guardian. The private insurance carrier and policy number is set forth as follows:

INSURANCE COMPANY: _____

POLICY NUMBER: _____

I acknowledge that participation in any team sport which involves rigorous physical activity, exercise and contact carries an inherent risk of personal injury and that due consideration to such risks has been given prior to granting the within permission. I also acknowledge that while the South Carolina High School League rules require Physical exams by certified physician prior to a student's actual participation in any athletic practice or game, such physical examination may not be conducted prior to certain phases of the athletic program, such as tryouts. It is my responsibility as parent or guardian to be satisfied through means available to me concerning the general physical condition and well-being of the above named student prior to participation in any phase of the program.

The coaches and/or administrator at New Ellenton Middle School are hereby authorized to grant permission, in my absence for competent medical personnel to perform essential medical care and treatment of the above named student.

Signature of Parent/Guardian: _____



AIKEN COUNTY
PUBLIC SCHOOLS

Athletic Participation Form for Athletes with Chronic Medical Conditions

Student Athlete: _____ Date of Birth: _____

Sport(s): _____

Diagnosed chronic medical condition(s):

I have discussed the risk factors related to COVID19 and athletic participation with the physician treating my student athlete for the above condition(s).

Parent's signature

Printed name of parent

Date

TO BE COMPLETED BY PHYSICIAN:

Please check:

_____ Student athlete is cleared for participation in the sports listed above without restrictions

_____ Student athlete may participate with restrictions: _____

_____ Student athlete's medical condition places him/her at greater risk of complications from COVID19 and therefore he/she should NOT participate in athletic programs until next evaluation

Physician's Signature

Physician's Telephone

Date

Insert physician's name and address stamp

Preparticipation Physical Evaluation - Physical Form

Last Name First Name Middle Initial Date of Birth

Examination			
Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected ___ Yes ___ No

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

___ Medically eligible for all sports without restriction.
 ___ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
 ___ Medically eligible for certain sports: _____
 ___ Not medically eligible pending further evaluation.
 ___ Not medically eligible for any sports.
 Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions.		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.			
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
Heart Health Questions About You		Yes	No
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.			
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
Health Questions About Your Family		Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?			
Bone and Joint Questions		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			

Medical Questions		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or someone in your family have sickle cell trait or disease?			
24. Have you ever had or do you have any problems with your eyes or vision?			
25. Do you worry about your weight?			
26. Are you trying to or has anyone recommended that you gain or lose weight?			
27. Are you on a special Diet or do you avoid certain types of foods?			
28. Have you ever had an eating disorder?			
Females Only		Yes	No
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain a "Yes" answer here: _____

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____

Date: _____

Signature of Parent/Guardian _____

Date: _____