

Parent Permission and Health History

LAST PHYSICAL _____ SNAP _____
GRADE: _____ LIST _____

Student name _____ Sport _____

Parent/Guardian – complete and SIGN NO SOONER THAN **30 DAYS** PRIOR TO TRYOUTS for EACH SPORT SEASON!

History

DOES YOUR CHILD HAVE:

Required medication? _____
Allergies to medication? _____
Food Allergies? _____
Environmental allergies? _____
Recent Hospitalizations? _____
Disabilities? _____
Prosthetic devices? _____

Past Injuries

Head Injury/Concussion? _____ How Many _____
Joint Injury? _____
Extremities? _____
Back Injury? _____
Fractures? _____
Sprains? _____

Medical Conditions

DOES YOUR CHILD HAVE:

Fainting episodes? _____
Headaches? _____
Asthma **or** cough with exercise: _____
Issues with cold/heat? _____
Neurologic problems? _____
Cardiac problems? _____
Seizure Disorder: _____
Chest Pain _____
Any Other Condition? _____

PLEASE EXPLAIN ALL "YES" ANSWERS

NYS LAW REQUIRES US TO PROVIDE YOU WITH INFORMATION ON CONCUSSIONS.

A **concussion** is a reaction by the brain, to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. A concussion results from the brain moving back and forth or twisting rapidly inside the skull.

Any student suspected of having a concussion either based on the disclosure of a head injury, observed or reported symptoms, or by sustaining a significant blow to the head or body **must be removed from athletic activity** and/or physical activities and observed until an evaluation can be completed by a medical provider.

In order to better manage concussions sustained by our student-athletes, the high school has acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized assessment utilized across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, IMPACT is used to help determine the severity of head injury and when the injury has fully healed.

Symptoms of concussion include but are not limited to:

- Amnesia (decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and /or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheaded
- Concentration or focusing problems

Students removed from school athletic activities for a suspected concussion must be evaluated by, and receive written and signed authorization from a physician in order to return to school athletic activities.

Any student diagnosed with a concussion will comply with the school district “return to play” protocol.

The School District’s Medical Director has the final authority to clear a student to participate in or return to extra-class physical activities in accordance with 8NYCRR 135.4(c)(7)(i).

CONSENT FORM

Your Signature indicates that your child has permission to try out for/play sports for the South Colonie School District and that you have read the information on Concussion.

It also indicates that we may share important medical information with the Athletic Trainer and coaching staff. Please feel free to contact the health office for any questions or concerns.

For use of the Immediate Post Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information, I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Print Name of Athlete: _____

Sport: _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

EMERGENCY CONTACT PHONE NUMBER: _____
NAME/RELATIONSHIP CELL/WORK/HOME

A copy of this form will be retained by the Athletic Trainer.