

WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION
SCHOOL PHYSICAL EXAMINATION
MEDICAL RECORD

PHYSICIANS STATEMENT MUST BE DATED AFTER MAY 1 TO BE VALID FOR THE UPCOMING SCHOOL YEAR

| | | | |
|---|--------------------|-----------------|---------------------|
| Name _____ | Sex _____ | Age _____ | Date of Birth _____ |
| Grade _____ | School _____ | Sport(s) _____ | |
| Address _____ | | Phone _____ | |
| Personal Physician _____ | | | |
| <i>In case of emergency, contact</i> | | | |
| Name _____ | Relationship _____ | Phone (H) _____ | (W) _____ |

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

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription of nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | <i>If yes, check appropriate box and explain below</i> | | |
| 5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |
| Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you, or someone in your family, have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 16. When was your first menstrual period? _____ | | |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | When was your most recent menstrual period? _____ | | |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | How much time do you usually have from the start of one period to the start of another? _____ | | |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? _____ | | |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | What was the longest time between periods in the last year? _____ | | |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | Explain "Yes" answers here: _____ | | |

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 _____

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

I hereby authorize _____ School District and its faculty members in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Student's Name _____ Work Phone Number; Father _____
Address _____ Mother _____
Home Phone Number _____

INSURANCE INFORMATION: Company _____ Policy # _____
Insured Person _____
Policy Holder's Social Security Number _____

Signature acknowledges that we have read and understand the above warning and we give consent for emergency assistance that might be needed.

Date _____ Signature of Parent/Guardian _____

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DATE OF EXAM _____

| | |
|---|---|
| Name _____ | Date of Birth _____ |
| Height _____ Weight _____ % Body fat (optional) _____ | Pulse _____ BP ____/____ (____/____, ____/____) |
| Vision R 20/____ L 20/____ Corrected: Y N | Pupils: Equal _____ Unequal _____ |

| | *NORMAL* | ABNORMAL FINDINGS |
|------------------------|----------|-------------------|
| MEDICAL | | |
| Appearance | | |
| Eyes/Ears/Nose/Throat | | |
| Lymph Nodes | | |
| Heart | | |
| Pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitalia (males only) | | |
| Skin | | |
| MUSCULOSKELETAL | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot | | |

*Normal indicated by check or N

Cleared

* Cleared after completing evaluation/rehabilitation for: _____

* Not cleared for: _____ Reason: _____

Recommendations: _____

***IF THESE BOXES ARE CHECKED, A COPY OF THIS FORM NEEDS TO BE SENT TO THE APPROPRIATE SCHOOL DISTRICT.**

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

STUDENT/PARENT/GUARDIAN INFORMED CONSENT

Participation in all activities requires the acceptance of risk of possible serious injury. The risk can be minimized by following your coaches' rules and procedures, by familiarizing yourself with the rules of the activity, and by following the specific rules issued by manufacturers for the safe use of your activity equipment. The risk is always there, but you can help minimize it by making safety a shared responsibility. When you make the decision to participate in an activity, you are assuming the shared responsibility of following the activities rules, the coaches' rules, and the equipment manufacturer's rules. You, as a participant, can help make the activity safer by not intentionally using techniques which are illegal and which can cause serious injury.

Your signature below indicates that you have been informed about the importance of following rules in activities participation; and you realize that there is a risk of being injured that is inherent in all activities. You realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.

Activity programs specifically excluded: _____

Date _____ Signature of Student _____

Signature of Parent _____

Lincoln County School District #2 Grades 6-12

ACTIVITY PARTICIPATION DRUG TESTING INFORMED CONSENT AGREEMENT

Student Name _____

Grade _____

Lincoln County School District #2 values students' participation in extracurricular activities. Participation in extracurricular activities is a privilege. Activity participants act as representatives of Lincoln County School District #2, its communities, and its ideals. LCSD#2 supports a drug-testing program for students in grades 6-12 who participate in WHSAA (Wyoming High School Activities Association) extracurricular activities/interscholastic programs.

Its purpose is threefold:

1. To provide for the health and safety of all participants.
2. To work as a tool of prevention and undermine the effects of peer pressure by providing a legitimate reason for participants to refuse the use of drugs.
3. To encourage students who use drugs to participate in an appropriate treatment program.

As a student and parent/guardian:

- We understand and agree that participation in WHSAA (Wyoming High School Activities Association) extracurricular activities/interscholastic programs is a privilege that may be withdrawn for violations of the Drug Testing Policy.
- We have read the JFCI- Drug Testing for Student Participants in School-Sponsored Activities and procedure JCFI-R- Drug Testing for Student Participants in School-Sponsored Activities and thoroughly understand the responsibilities and consequences as an activity participant in Lincoln County School District #2.
- We understand that all activity participants may be tested with the beginning of any activity season.
- We understand when students participate in any WHSAA (Wyoming High School Activities Association) extracurricular activities/interscholastic programs they will be required to participate in random urine drug testing. If the student refuses, they will not be allowed to participate in any WHSAA (Wyoming High School Activities Association) extracurricular activities/interscholastic program until requirements are met to return to activity.
- If there is reasonable suspicion that an individual participant is using a controlled substance or alcohol the coach/advisor of the program must report the information to the activities director, building principal, or designee. If it is determined a drug or alcohol test should be administered, administration shall make a good faith attempt to notify the student's parents, guardians or custodians using contact information on record with the school or district. The school administrator will keep a record of the efforts to provide notice under this paragraph and whether the notice was provided successfully. If the drug or alcohol test is refused, it will be treated under the policy the same as a positive test.
- We understand this is binding while a student is enrolled in Lincoln County School District #2 and/or participating in WHSAA (Wyoming High School Activities Association) extracurricular activities/interscholastic programs.
- I authorize Lincoln County School District #2 to conduct a drug and alcohol screening to test for drugs and/or alcohol use, either random or for reasonable suspicion.
- I authorize the release of information concerning the results of such a test to Lincoln County School District #2 and to the parent/guardian of the student.

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Lincoln County School District #2 policy JFCI- Drug Testing for Student Participants in School-Sponsored Activities and procedure JCFI-R- Drug Testing for Student Participants in School-Sponsored Activities and agree to accept and abide by the policies, standards, rules and regulations set forth by Lincoln County School District #2 for the activity in which I participate.

By signing this agreement, we agree to be bound by all provisions in this policy.

Student Signature

Date

Parent/Guardian Signature

Date

*Nothing in this policy precludes a parent from having their child tested at any time.

Participant & Parental Disclosure & Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are unique individual problems that are not listed on the Pre-participation Physical Evaluation Forms.

Name of Student

Star Valley High School
School

Name of Health Insurance Provider

CONSENT FORM

PARENT OR GUARDIAN STATEMENT OF PERMISSION, APPROVAL, AND ACKNOWLEDGEMENT:

By signing I the parent or legal guardian of the student do:

- I hereby consent to the named student participating in the interscholastic athletic program at the school listed above. This content includes travel to and from athletic contests and practice sessions.
- Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.
- Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis, or even death.
- Acknowledge and give consent that a copy of this form will remain in the student's school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.
- I hereby acknowledge having received education receiving written information regarding the signs, symptoms and risks of sport related concussion. I also acknowledge that I have read and agree to abide by the WHSAA Concussion Management Policy and/or policy of the school listed above.
- I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Star Valley High School, the Lincoln County School District #2 Board of Trustees, and the sponsors for the activity in which I participate. I also authorize Star Valley High School to conduct drug tests. I also authorize the release of information concerning results of such a test to Star Valley High School and my parents or guardian. This shall be deemed a consent pursuant to the Family Right to Privacy Act for the release of above information to the parties named above.

Student Statement

By signing I acknowledge:

- This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Wyoming High School Activities Association.
- My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.
- Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any sign or symptoms of a concussion.
- I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Star Valley High School, the Lincoln County School District #2 Board of Trustees, and the sponsors for the activity in which I participate. I also authorize Star Valley High School to conduct drug tests. I also authorize the release of information concerning results of such a test to Star Valley High School and my parents or guardian. This shall be deemed a consent pursuant to the Family Right to Privacy Act for the release of above information to the parties named above.

ACTIVITY/ATHLETIC PARTICIPATION FORM

STATEMENT OF PHILOSOPHY

The Activity programs at Star Valley High Schools are designed as an important part of the education of young people. School sponsored activities are made available to high school students in order to teach such things as teamwork, competition, fair play, self-esteem, work ethic, and integrity. Student participants are given instruction that will assist in developing personal skills and are also given opportunities to perform, which reinforces learning.

Participation in the activity program is a privilege granted jointly by the school and the participant's legal guardian. The privilege of participation can be denied at any time by the legal guardian and may also be denied by the school, if just cause exists.

The activity program is an extension of the academic program and should be viewed as such. Academic programs should be given priority in terms of district resources and student effort. An effective academic program, combined with an effective activity program, should provide the skills and experience that will help lead the high school student into a successful life.

Following is a list of rules that will help to insure an equitable and quality program for all participants. Students are expected to read the rules and to abide by the same.

Section I Health Standard

No use of, sale of, distribution of, possession of, or being under the influence of illicit drugs, controlled substances, alcohol, or tobacco in any form is permitted. The consequence for failing to abide by these health standards is immediate dismissal from the team, group or class office for the remainder of the athletic season as defined by the WHSAA. Any letter, honors or postseason recognition will be denied. Additional consequences for this violation will be up to the Administration's discretion and may carry over to future activities. This may include suspension from or denial of participation in activities other than that in which the violation occurred. Seasons for WHSAA designated non-sports programs will be defined by the coach/advisor and the Administration. Coaches and administrators reserve the right to NOT write a letter of recommendation for post high school purposes based on a violation of this code. If the violation occurs during the last culminating event of the school year, the student will be required to complete a buy-back program approved by the administration in order to return to good standing for the following year.

If you are with a group that is breaking your training rules, you will be considered guilty. Participants found in attendance where alcohol, tobacco, illegal drugs or any other mind-altering substances are being used will face an immediate two-week suspension if they do not leave immediately or have the people that brought the substance leave immediately. During the suspension period, the student must attend practice, but will not be able to compete in competition. A second offense of this rule will result in an immediate suspension from activities until the end of the school year.

Section II Academic Standard

Students must maintain a passing grade in all classes during the season. Eligibility will be determined on a weekly basis. Students will be warned and given one week to work closely with the teacher in correcting academic problems. If the student is still not passing a class for the second week in a row, they will be suspended from that week's event. Students will remain suspended until the following week's eligibility is run. Eligibility reports are run on Mondays. Also, if a student is caught cheating, he/she is ineligible for that week's event. If ineligible for three weeks during the season or caught cheating a second time, that student will be dismissed from the team or group.

It is the student's responsibility to monitor their grades and get homework from teachers **BEFORE** leaving on trips.

Section III Good Citizenship Standard

1. The student will avoid suspension or other disciplinary action for misbehavior or truancy. Failing to check out of school properly in the office, or not attending class until they are released as a team is considered an unexcused absence.
2. No student is eligible to participate in an activity or practice if he/she has been absent from school the day of the activity or has accumulated 1 hour of detention. Special circumstances must be cleared in advance through the school Administration but must be done PRIOR to the absence. Failure to do so will result in not participating in that day's practice/event.
3. Misbehavior includes any conduct that would bring embarrassment to the team or school. Consequences for misbehavior will be up to the Administration's discretion.

Section IV Other Rules

1. Curfew hours will be communicated and enforced by coaches and advisors.
2. There may be other rules, guidelines or applicable constitutions determined by the respective club, group or other competitive organization and/or the advisors and the administration of the high school.
3. Each coach or sponsor will make participants aware of any additional rules that apply to his/her sport or group with the consequence of violation for each rule. Each Coach or Sponsor reserves the right to remove any student from his/her team or group at his/her discretion.
4. By signing this consent form, you are giving Star Valley High School the right to use your students photo, stats, grade, weight, height, etc. If you do not wish to have this information released, please contact the school counseling office.

Section V Other Rules Conduct of Activity Participants for Trips

Activity participants are under the jurisdiction of the school advisor and are subject to his/her direction. Student participants are expected to abide by the established rules at all times. Luggage and room checks may occur at the discretion of the advisor. When traveling, students are strongly encouraged to make the return trip home with their team. Alternate transportation from events will only be allowed under the terms stated in the "Alternate Transport Request and Liability Release Form".

In addition, the following rules have been established to ensure that the behavior of students representing Star Valley High Schools on trips reflect high standards and expectations:

1. Violation of the established Health Standards, or any rule stated below, while on a school trip will result in dismissal. Should this occur, parents will be responsible for transportation home from the event.
2. Students who fail to dress appropriately or demonstrate good citizenship as deemed by the chaperone, bus driver or supervising teacher, will be subject to disciplinary action by the school administration. This may mean suspension from school or suspension from future participation in school activities.
3. No girls shall be allowed in boys' rooms, or boys in girls' rooms, on any activity. **Violation of this will result in immediate dismissal from the team, group, or class office.** Additional consequences for this violation will be up to the Administration's discretion and may carry over to future activities. This may include participation in activities other than that in which the violation occurred.
4. If vandalism or shoplifting occurs while on a school-sponsored trip, the student will face an immediate suspension. If a second offense should occur, the guilty party will be denied participation for the remainder of the school year in all activities. Stealing from a teammate will be an automatic suspension for the season.
5. Any student violating the law while on a school-sponsored trip will be turned over to the police. This includes offenses for shoplifting, vandalism, drugs or alcohol, etc.

Wyoming High School Activities Association (WHSAA) Rules for Participation

The student must meet all eligibility requirements as established by the W.H.S.A.A. These rules are minimum standards and can be increased by the school at any time.

Consequences for infractions that do not apply directly to any of the previously stated scenarios will be at the discretion of the Administration and the activity sponsor/coach.

I have read ALL of the above, the Star Valley High School Eligibility and Training Code for students participating in activities. I agree to follow all rules as stipulated, and I agree to be subject to the penalties if I fail to follow the rules.

Student Signature: _____ Date: _____

I have read ALL of the above and the SVHS Eligibility and Training Code. I understand that my student must agree to follow all rules as stipulated and will be subject to the penalties if he/she does not follow the rules.

In addition, I realize that participation in any high school activity may involve the potential for injury that is inherent in all sports/activities. I acknowledge that even with the best coaching/supervision, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

I understand that Star Valley High Schools DO NOT carry medical or dental insurance on students and that the purchase of such is the responsibility of the student's parent or legal guardian.

In case of an emergency where we cannot be reached, we do authorize officials of Star Valley High Schools, Lincoln County School District #2, to contact any licensed physician to render such treatment as may be deemed reasonably necessary for the health of our aforesaid minor child. We also understand that expenses incurred as a result of emergency ambulance use or treatment by physicians will not be borne by the school or school personnel.

I agree to let my son/daughter participate in the activity listed above.

Parent Signature: _____ Date: _____

A FACT SHEET FOR Parents



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*



Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injured occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

➤ What should I do if my child or teen has a concussion?

1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

➤ How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021

