



Student's name: \_\_\_\_\_  
First Last

Student ID #: \_\_\_\_\_

Sport: \_\_\_\_\_

**Why am I getting this information sheet?**

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive written clearance from a licensed health care provider trained in the management of concussions (and acting within the scope of his/her practice) before returning to the athletic activity.*
3. *Before an athlete can start the season and begin practice in a sport, this concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

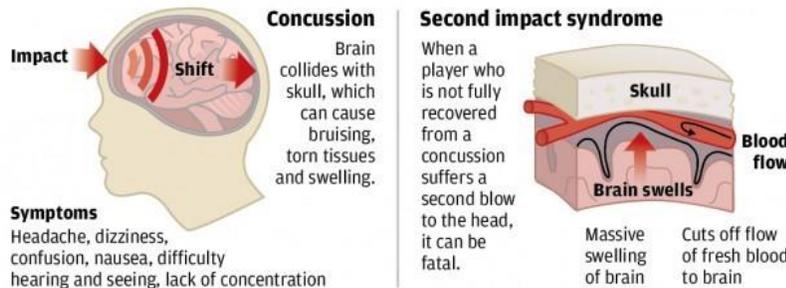
Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

**What is a concussion and how would I recognize one?**

A concussion is a mild traumatic brain injury, which results in a temporary disruption of normal brain function and may cause immediate, short-term or long-term impairment of neurological function. A concussion can be caused by a bump, blow or jolt to the head or body, that may or may not result in loss of consciousness. A student-athlete does not have to lose consciousness (“knocked-out”) to suffer a concussion. A second concussion that occurs before the brain recovers from the first can slow recovery or increase the chances of long-term problems. In rare cases, brain swelling can result leading to permanent brain damage or even death (Second Impact Syndrome).

**Traumatic head injuries**

*A concussion occurs when a blow to the head results in the brain slamming against the skull.*



SOURCE: American Academy of Neurology, U.S. Centers for Disease Control and Prevention, KRT State Journal

A concussion may cause multiple symptoms. Signs and symptoms of a concussion may not be present immediately after the injury but may develop over the next several days or weeks. The symptoms may be subtle. Signs and symptoms must be taken seriously and accurately reported by the student-athlete. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team’s athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

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

*Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.*

Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain may still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of the Irvine Unified School District ("IUSD" or "District") is to prevent a premature return to play so that serious brain damage can be avoided.

**Signs that may be observed by teammates, parents and coaches include:**

<ul style="list-style-type: none"> <li>· Looks dizzy</li> <li>· Looks spaced out</li> <li>· Confused about plays</li> <li>· Forgets plays</li> <li>· Is unsure of game, score, or opponent</li> <li>· Moves clumsily or awkwardly</li> <li>· Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>· Slurred speech</li> <li>· Shows a change in personality or way of acting</li> <li>· Can't recall events before or after the injury</li> <li>· Seizures or has a fit</li> <li>· Any change in typical behavior or personality</li> <li>· Passes out</li> </ul>
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**Symptoms may include one or more of the following:**

<ul style="list-style-type: none"> <li>· Headaches</li> <li>· "Pressure in head"</li> <li>· Nausea or throws up</li> <li>· Neck pain</li> <li>· Has trouble standing or walking</li> <li>· Blurred, double, or fuzzy vision</li> <li>· Bothered by 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>· Loss of memory</li> <li>· "Don't feel right"</li> <li>· Tired or low energy</li> <li>· Sadness</li> <li>· Nervousness or feeling on edge</li> <li>· Irritability</li> <li>· More emotional</li> <li>· Confused</li> <li>· Concentration or memory problems</li> <li>· Repeating the same question/comment</li> </ul>
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**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest of the brain, while recovering from injury (e.g., avoid reading, texting, video games, television), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day, depending on how they feel. If recovery from a concussion is taking longer than expected, he or she may also benefit from a reduced class schedule and/or limited homework. In some cases, a formal school assessment may also be necessary. Your school or your child's medical doctor can help suggest and make these changes. Student athletes should complete the Return to Learn process first before beginning any sports or physical activities, unless your doctor makes other recommendations.

**How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer or other identified school administrator. Please see [cifstate.org](http://cifstate.org) for a graduated return to play plan.

*[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]*

**Final Thoughts for Parents and Guardians:**

*It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.*

*Notice of Non-discrimination in Athletics*

*IUSD does not discriminate in enrollment in or access to any athletics program available. Admission to these programs is based on age appropriateness, team roster space, aptitude and meeting academic and behavioral eligibility requirements. The lack of English skills shall not be a barrier to admission to or participation in the District's activities and programs. IUSD's facilities and equipment provided for students are comparable and equitable to both sexes without disparity or imbalance, consistent with his or her gender identity, irrespective of the gender listed on the pupil's record. For additional information see [www.iusd.org](http://www.iusd.org) (Board Policy 5145.5)*



## Immediate Post-Concussion Assessment and Cognitive Testing

To assist IUSD in its goal of identifying possible concussions, and preventing premature return to play, the District shall utilize a program called ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) to gather baseline information. ImPACT is a computerized test that takes about 25 minutes to complete. ImPACT recommends that it be administered by an ImPACT trained athletic trainer, school nurse, athletic director, team doctor or psychologist. If a concussion is suspected, the baseline report will serve as a comparison to post-injury ImPACT tests, which licensed healthcare providers can use to assess potential changes or damage caused by a concussion.

The program measures multiple aspects of cognitive functioning in athletes, including:

- Attention span
- Working memory
- Sustained and selective attention time
- Response variability
- Non-verbal problem solving
- Reaction time

It is the District's intention that all of the following athletic teams (at all levels) complete the ImPACT baseline test:

**Fall Sports**  
**Football**  
**Volleyball (Girls)**  
**Water Polo (Boys)**  
**Pep Squad**

**Winter Sports**  
**Basketball (Boys & Girls)**  
**Soccer (Boys & Girls)**  
**Wrestling**  
**Water Polo (Girls)**

**Spring Sports**  
**Baseball**  
**Lacrosse (Boys & Girls)**  
**Volleyball (Boys)**  
**Softball**

I am the parent and/or legally authorized guardian of a child, \_\_\_\_\_, (hereinafter "Student") enrolled in "IUSD at \_\_\_\_\_ High School. On behalf of myself, my spouse, and my Student, I understand and agree to the following:

We acknowledge, that per California State Law AB 25 and Education Code § 49475, that a student athlete who is suspected of having a concussion as a result of a practice or game injury, will be removed from the athletic activity for the remainder of the day, and must receive a written note from a licensed healthcare provider trained in the management of concussions before returning to practice or play.

I authorize Student to take part in IUSD's ImPACT program. I agree that IUSD has provided me with sufficient information about the ImPACT program and Concussions. I understand that information, and understand the limited purposes and functions of the ImPACT program. Specifically, I understand the ImPACT program is only one tool that *may* help in diagnosing a concussion. It is in no way a replacement for a thorough examination by a licensed health care provider trained in the management of concussions. . Further, I understand the ImPACT program is neither a guarantee that a concussion will be successfully diagnosed, nor is it a treatment for concussions.

I understand Student may have to be tested more than once, and I intend this consent form to apply to each test. I authorize IUSD to release information relating to Student's participation in the ImPACT program, including but not limited to ImPACT testing results, to my child's primary care physician, neurologist, school's team physician or other treating licensed healthcare provider trained in the management of concussions, as determined necessary by the District.

I hereby release, waive, discharge, hold harmless, indemnify, and defend Irvine Unified School District, as well as its respective governing board, insurers, reinsurers, attorneys, successors, employees, volunteers, directors, affiliates, and representatives, from any and all liability, damages, claims and causes of action, of every nature, relating in any way to Student's participation in the I m P A C T program. **By electronically signing below, I represent that I have read, understand and agree to the terms outlined above. I acknowledge I am freely and voluntarily signing this document, and also acknowledge and agree that the release within this document is freely and voluntarily given. I acknowledge that in executing this document, I do not rely upon any inducements, promises, or representations not reflected in this document.**

**Student Name:** \_\_\_\_\_ **Student Id:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_