

# Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

*Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

**You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.**

*This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.*

## Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) \_\_\_\_\_

Parent/Legal Custodian Name(s): (please print) \_\_\_\_\_

Student-  
Athlete  
Initials

Parent/Legal  
Custodian(s)  
Initials

	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

**Carteret County Public Schools**  
**Athletic Participation**  
**Assumption of Risk**  
**Consent for Treatment**

High School: \_\_\_\_\_

1. Assumption of Risk/Hold Harmless. I, the student named below, and I his/her parent, recognize that participation in athletics involves inherent risks for illnesses and injuries, potentially severe, and in rare cases death. Although serious injuries and illnesses are not common in supervised school athletic programs, it is impossible to eliminate all risk. I, the student, and I his/her parent, assume the risks inherent in student's participation in athletics and hold the Carteret County Board of Education, and its board members, employees, volunteers, coaches and service providers harmless from claims by or through us on account of injury, illness or death caused by, or related to, the student's participation in school athletics.

2. Consent for Treatment. I, the parent of the athlete named below, authorize the Certified Athletic Trainers and sports medicine staff acting on behalf of the High School, in connection with my child's participation in school athletics, to:

- a. Teach techniques of proper physical training and preventative care to reduce the chance of injury;
- b. Evaluate and treat any minor injury/illness suffered by my child; ;
- c. Evaluate and provide interim emergency management/treatment for my child regardless of the severity of injury/illness;
- d. Authorize on my behalf, and at my expense, emergency medical treatment for my child regardless of the severity of injury/illness until I am able to assume such authority and provide directions or approval for my child's medical treatment to his/her health care providers; and
- e. Provide rehabilitation services for injuries/illnesses for my child.

3. Acknowledgment. When under medical care as a result of illness or injury related to athletic participation, the undersigned student and parent acknowledge that student may not return to participation until cleared to do so by a qualified physician (MD, DO, PA), his/her delegate, or a Certified Athletic Trainer. This may occur during or at the conclusion of medical treatment. *The overseeing physicians have the FINAL authority regarding participation status following injury/illness.*

4. Miscellaneous. The provisions of this document do not expire; however for purposes of expediency, student and parent may be requested to complete this or a similar form annually, or at the beginning of each sports season. Cheerleading is considered an athletic sport for purposes of this document.

(Signatures on next page.)

\_\_\_\_\_  
Athlete Printed Name

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Emergency Contact Information**

**Primary Contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

**Secondary Contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

# CARTERET COUNTY



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www.carteretcountyschools.org

In order to participate in athletics in the Carteret County Schools, all students must have accident insurance coverage. Carteret County will provide a small basic coverage to be used as a supplement to the insurance coverage provided by the parent. It is not intended to be the only insurance for accidental injury. Parents are to provide the following information and sign this information sheet.

### Personal Insurance Information

This is to verify that \_\_\_\_\_ is covered by the following insurance policy, which will include coverage for injuries due to athletic participation and travel with the team.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

I will assume all financial responsibility for medical treatment costs that exceed the limited policy provided by the schools in Carteret County and any personal insurance coverage I maintain on my son/daughter.

I understand and agree that this permission sheet will entitle my son/daughter to participate in athletic practice, games, and events in all sports.

Should the coach not be able to locate me at the phone numbers listed below, I also hereby give the Carteret County Schools permission to sign for any necessary emergency medical treatment.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone 1 \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_