

**DANBURY PUBLIC SCHOOLS
INTERSCHOLASTIC ATHLETICS DEPARTMENT
EMERGENCY MEDICAL AUTHORIZATION**

Name of Athlete _____ Sport _____
Age _____ Grade _____ DOB _____
Parent/Guardian(s) Name _____
Address _____
Phone (Day) _____ Evening _____ Cell _____
Other Authorized persons to contact in case of emergency:
Name _____ Phone _____
Name _____ Phone _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

CONSENT GRANT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by a licensed physician, Select Medical Athletic Trainer or dentist, and 2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, previous head/neck or back injuries, previous heat related problems, previous significant injuries, and any physical impairments to which a physician should be alerted _____

Preference of Physician _____ (and permission to contact if needed)
Address _____ Phone _____
Date Signed _____ Signature _____
(Parent or Guardian)

REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take no action or to:

Date Signed _____ Signature _____
(Parent or Guardian)

MEDICAL INFORMATION

Recent medical illnesses _____ Medication _____
(any medication needed to be taken during competition needs a physicians note)
Previous head/neck or back injuries _____
Previous heat related problems _____
Previous significant injuries _____
Other information to inform medical staff _____
Date Signed _____ Signature _____
(Parent or Guardian)

STATEMENT OF INSURANCE

My son/daughter is covered for injury under a policy with _____
(Name of Insurance Company)
Policy # _____ Phone # _____
Date Signed _____ Signature _____
(Parent or Guardian)

***AN EXCESS INSURANCE POLICY IS PROVIDED BY THE BOARD OF EDUCATION TO SUPPLEMENT YOUR INSURANCE COVERAGE.**

Parent or Guardian
Signature: _____ Date _____

PLEASE RETURN THIS FORM TO YOUR COACH

DANBURY PUBLIC SCHOOLS

WARNING: AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS

(BOTH THE ATHLETE AND A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN)

SPORT (check applicable sport)

- Football Basketball Outdoor Track Indoor Track Cross-Country Cheerleading Volleyball Wrestling Baseball Softball Skiing Field Hockey Tennis Golf Soccer Swimming Lacrosse

I am aware participating in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions. In consideration of the Danbury School District permitting me to try out for the Danbury High School _____ team and to engage in all activities related to the team, including, but not limited to, trying out,

(indicate sport)

practicing or playing/participating in that sport, I hereby assume all the risks associated with participation and agree to hold the Danbury School District, it's employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Danbury High School _____ team. The terms hereof shall serve as

(indicate sport)

a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

PARENT/GUARDIAN

I, _____, am the parent/legal guardian of _____.

I have read the above warning and release and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including but not limited to those risks outlined above. In consideration of the Danbury School District permitting my child/ward to try out for the Danbury High School _____ team and to engage in all activities related to the team, including,

(indicate sport)

but not limited to, trying out, practicing or playing/participating in _____, I hereby agree to hold the

(indicate sport)

Danbury School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever (including giving permission to allow my child's HEAD COACH, in conjunction with his/her guidance counselor, to release academic information to college coaches for the purpose of recruiting) which may arise by or in connection with participation of my child/ward in Athletic Programming related to the Danbury High School _____ team.

The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for members of my family.

I also hereby acknowledge that I have read the Student-Athlete handbook on-line and understand the Athletic Rules & Regulations and will adhere to all aforementioned guidelines. A parent can receive a hard copy of the handbook and all other notifications upon request.

Date: _____ 20_____

Signature of Parent or Legal Guardian

The following is to be completed only if sport is football, wrestling, baseball, lacrosse, softball or soccer:

I specifically acknowledge that _____ is a CONTACT SPORT involving even greater risk of injury than other sports. _____ (Initial)

Date: _____ 20_____

Signature of Student

Student and Parent Concussion Informed Consent Form
2015-16

This consent form was developed to provide students and parents with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by the State Board of Education and Section 10-149c: Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

What is a Concussion?

National Athletic Trainers Association (NATA) - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

Centers for Disease Control and Prevention (CDC) - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth."* -CDC, Heads Up: Concussion

http://www.cdc.gov/headsup/basics/concussion_what.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious" -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/concussion/HeadsUp/pdf/Fact_Sheet_Coaches-a.pdf

Section 1. Concussion Education Plan Summary

The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum the following:

1. The recognition of signs or symptoms of concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- | | |
|---------------------------------------|--|
| Confusion/disorientation/irritability | • Acts silly/combative/aggressive |
| Trouble resting/getting comfortable | • Repeatedly ask same questions |
| Lack of concentration | • Dazed appearance |
| Slow response/drowsiness | • Restless/irritable |
| Incoherent/slurred speech | • Constant attempts to return to play |
| Slow/clumsy movements | • Constant motion |
| Loses consciousness | • Disproportionate/inappropriate reactions |
| Amnesia/memory problems | • Balance problems |

Symptoms of a concussion may include (i.e. what the athlete reports):

- | | |
|--------------------------|--|
| Headache or dizziness | • Oversensitivity to sound/light/touch |
| Nausea or vomiting | • Ringing in ears |
| Blurred or double vision | • Feeling foggy or groggy |

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or scholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or injury may have occurred. Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.

Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual's concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity <70% of maximal exertion; no resistance training	Increase Heart Rate
3. Sport specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add Movement
4. Non-contact sport drills	Progression to more complex training drills, ie. passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to her/his medical provider.

Section 4. Local/Regional Board of Education Policies Regarding Concussions

***** Attach local or regional board of education concussion policies *****

have read and understand this document the "Student and Parent Concussion Informed Consent Form" and understand the everities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ Date _____ Signature _____
 (Print Name)
 I authorize my child to participate in _____ for school year _____
 (Sport/Activity)
 Parent/Guardian name: _____ Date _____ Signature _____
 (Print Name)

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82. <http://www.nfhs.org>. http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
2. Centers for Disease Control and Prevention. Heads Up: Concussion in High School Sports. http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm.
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Sources:

- Centers for Disease Control and Prevention. Injury Prevention & Control: Traumatic Brain Injury. Retrieved on June 16, 2010. <http://www.cdc.gov/TraumaticBrainInjury/index.html>
- Centers for Disease Control and Prevention. Heads Up: Concussion in High School Sports Guide for Coaches. Retrieved on June 16, 2014.

NOTE: This document was developed to provide student-athletes and parents/guardians with current and relevant information regarding sudden cardiac arrest. A new form is required to be read, signed, dated and kept on file by the student-athlete's associated school district annually to comply with Connecticut General Statutes Chapter 163, Section 10-149f: SUDDEN CARDIAC ARREST AWARENESS EDUCATION PROGRAM.

Part I – SUDDEN CARDIAC ARREST - What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

PART II - HOW COMMON IS SUDDEN CARDIAC ARREST IN THE UNITED STATES?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. It is a leading cause of death for student athletes.

According to an April 2014 study for PubMed the incidence was

- 0.63 per 100,000 in all students (6 in one million)
- 1.14 per 100,000 athletes (10 in one million)
- 0.31 per student non-athletes (3 in one million)
- The relative risk of SCA in student athletes vs non-athletes was 0.65
- There is a significantly higher risk of SCA for boys than girls

Leading causes of sudden death among high school and college athletes, according to the National Collegiate Athletic Association (NCAA) (on CBS News, June 28, 2012)* are heat stroke, heart disease and traits associated with sickle cell anemia. Prevention of sudden death, the same study concludes, is associated with more advanced cardiac screening with attention to medical histories and birth records, improved emergency procedures, and good coaching and conditioning practices. SCA can be prevented if the underlying causes can be diagnosed and treated.

PART III - WHAT ARE THE WARNING SIGNS AND SYMPTOMS?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as: fainting or seizures during exercise; unexplained shortness of breath; dizziness; extreme fatigue; chest pains; or racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion.

Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, survival is possible. Administering cardiopulmonary resuscitation (CPR) — or even just compressions to the chest — can improve the chances of survival until emergency personnel arrive.

(<http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/>)

WHAT ARE THE RISKS OF PRACTICING OR PLAYING AFTER EXPERIENCING THESE SYMPTOMS?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

REMOVAL FROM PLAY

Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care professional trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

RETURN TO PLAY

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed and written clearance be provided by a licensed medical provider.

To summarize:

- SCA is, by definition, sudden and unexpected.
- SCA can happen in individuals who appear healthy and have no known heart disease.
- Most people who have SCA die from it, usually within minutes.
- Rapid treatment of SCA with a defibrillator can be lifesaving.
- Training in recognition of signs of cardiac arrest and SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone who has had an SCA.

(National Heart, Lung, and Blood Institute)

I have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

Sources:

Simons Fund - <http://www.simonsfund.org/>

Pennsylvania Department of Health - <http://www.simonsfund.org/wp-content/uploads/2012/06/Parent-Handout-SCA.pdf>

DANBURY HIGH SCHOOL
OUT OF SEASON PHYSICAL FITNESS PROGRAM
PARENT/ATHLETE CONSENT FORM

Student's Name _____ Grade _____ Sport _____

The CIAC allows a school to conduct non-mandated out of season conditioning programs provided students are not coerced to participate and as long as the programs do not interfere with any other educational, athletic or family commitments.

We feel the program we are offering can be very beneficial to your child's growth and development and encourage them to participate. However, this program is not an interscholastic athletic program, therefore, you should always make certain your child is medically able to participate in the rigors such a program demands. As parents you take full responsibility for the medical well being of your child (listed above) and give them permission to participate in the Danbury High School optional out of season conditioning program.

While off season conditioning is strongly encouraged it does not necessarily guarantee a spot on the roster.

Signature of Parent / Guardian

As an athlete of Danbury High School I am willing to participate in a planned out of season conditioning program of my own free will and I am willing to abide to the following:

- I will attend only at times specified by my coach
- I will not bring equipment or use any school equipment (except weights) during these conditioning sessions
- I will participate only under the supervision of a coach or certified adult

Signature of Athlete _____