

RETURN TO ACTIVITY & POST-CONCUSSION CONSENT FORM

This form is to be used after an athlete is removed from and not returned to activity after exhibiting concussion symptoms. MHSAA rules require 1) Unconditional written authorization from a physician (MD/DO/Physician's Assistant/Nurse Practitioner), and 2) Consent from the student and parent/guardian. **Both Sections 1 & 2 of this form must be completed prior to a return to activity. This form must be kept on file at the school and emailed to Concussion@MHSAA.com or faxed to 517-332-4071.**

Student: _____ School: _____

Event/Sport: _____ Date of Injury: _____

1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner

- **The clearance must be in writing and must be unconditional.** It is NOT sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-activity progression, nor is it sufficient that the student is authorized to return pending the completion of a return-to-activity progression. The medical examiner must approve the student's return to unrestricted activity.
- Individual schools, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
- A school or health care facility may use a locally created form for this portion of the return-to-activity protocol, provided it complies with MHSAA regulations. (See MHSAA Protocol.)

☐ Permission is granted for the athlete to return to **unrestricted activity** (may not return to practice or competition on the same day as the injury).

DATE: _____
SIGNATURE (must be MD or DO or PA or NP – circle one) _____

Examiner's Name (Printed): _____

2. Post-Concussion Consent from Student and Parent/Guardian.

- I am fully informed concerning, and knowingly and voluntarily consent to, my/my child's immediate return to participation in athletic activities; I understand, appreciate, acknowledge, and assume the risks associated with such return to activity, including but not limited to concussions, and agree to comply with all relevant protocols established by my/my child's school and/or the MHSAA; and I/my child has been evaluated by, and has received written clearance to return to activity from an M.D., D.O., Physician's Assistant or Nurse Practitioner.
- In consideration of my/my child's continued participation in MHSAA-sponsored athletics, I/we do hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.
- I/we consent to the disclosure to appropriate persons, consistent with HIPAA and FERPA, of the treating medical examiner's written statement.

Student's Signature (Required): _____ Date: _____

*Parent/Guardian's Name _____ *Parent/Guardian's Signature: _____

**Required if student is less than 18 years of age.*

3. FOR SCHOOL USE: MHSAA Head Injury Report ID: Print Year of HS Graduation:

THIS FORM SHOULD BE KEPT ON FILE AT THE SCHOOL FOR SEVEN YEARS FOLLOWING THE STUDENT'S HIGH SCHOOL GRADUATION. SEE REVERSE FOR OTHER CONCUSSION RELATED INFORMATION INCLUDING INSURANCE.

SCHOOL CONCUSSION REPORTING

Schools must report concussion events online while logged into MHSAA.com. Report any concussion event in all levels of all MHSAA sports where a student is withheld from activity. This is a separate process from the Return to Activity and Post-Concussion Consent Form on the reverse side.

MHSAA CONCUSSION CARE INSURANCE

The Michigan High School Athletic Association is providing athletic participants at each MHSAA member junior high/middle school and high school with additional insurance that is intended to pay accident medical expense benefits resulting from a suspected concussion. The injury must be sustained while the athlete is participating in-season at an MHSAA covered activity. Policy limit is \$25,000 for each accident. Covered students, sports and situations follow the catastrophic accident medical insurance.

This new program intends to assure that all eligible student-athletes in MHSAA member schools in grades 6 through 12, male and female, in all levels of all sports under the jurisdiction of the MHSAA, receive prompt and professional attention for head injury events even if the child is uninsured or under-insured. Accident medical deductibles and co-pays left unpaid by other policies are reimbursed under this program to the limits of the policy.

The Concussion Care Insurance corresponds with the MHSAA Catastrophic Accident Medical Insurance Policy which pays up to \$500,000 for medical expenses left unpaid by other insurance after a deductible of \$25,000 per claim in paid medical expenses has been met. All students enrolled in grades 6 through 12 at MHSAA member schools who are eligible under MHSAA rules and participating in practices or competition in sports under the MHSAA's jurisdiction are covered by this policy for injuries related to their athletic participation.

CONCUSSION INSURANCE CLAIMS ADMINISTRATOR ADDITIONAL INFORMATION

Ms. Terri Bruner
K & K Insurance Group
1712 Magnavox Way
Fort Wayne, IN 46801
Phone: 800-237-2917 Fax: 312-381-9077
Email: Terri.Bruner@kandkinsurance.com

Claim Forms can be found on MHSAA.com, Health & Safety (upper right corner).
See Concussion Insurance Benefits Information and Forms

Educational Material for Parents and Students (Content from MDHHS Requirements)

Sources: Michigan Dept. of Health and Human Services. Created through a grant to the CDC Foundation from NOCSAE.

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess	Lost Consciousness	

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY – DON'T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student, who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician's Assistant or Nurse Practitioner. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Concussion Educ. Materials & Acknowledge Form (May 2016)

Parent and Student Must Sign Consent & Waiver on MHSAA Physical Form Acknowledging Awareness

MHSAA PROTOCOL FOR IMPLEMENTATION OF NATIONAL FEDERATION SPORTS PLAYING RULES FOR CONCUSSIONS

"Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional."

The language above, which appears in all National Federation sports rule books, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion. This language reflects an increasing focus on safety and acknowledges that the vast majority of concussions do not involve a loss of consciousness.

This protocol is intended to provide the mechanics to follow during the course of contests when an athlete sustains an apparent concussion.

1. The officials will have no role in determining concussion other than the obvious one where a player is either unconscious or apparently unconscious. Officials will merely point out to a coach that a player is apparently injured and advise that the player should be examined by a health care professional for an exact determination of the extent of injury.
2. If it is confirmed by the school's designated health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may reenter competition pursuant to the contest rules.
3. Otherwise, if competition continues while the athlete is withheld for an apparent concussion, that athlete may not be returned to competition that day but is subject to the return to play protocol.
 - a. The clearance may not be on the same date on which the athlete was removed from play.
 - b. Only an M.D., D.O., Physician's Assistant or Nurse Practitioner may clear the individual to return to activity.
 - c. The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-play progression. The medical examiner must approve the student's return to unrestricted activity.
 - d. Individual school, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
4. Following the contest, an Officials Report shall be filed with a removed player's school and the MHSAA if the situation was brought to the officials' attention.
5. **ONLINE REPORTING: Member schools are required to complete and submit an online report designated by the MHSAA to record and track head injury events when they occur in all levels of all sports during the season in practices and competitions. Schools with no concussions for a season (fall, winter and spring) are required to report this at the conclusion of that season.**
6. **POST-CONCUSSION CONSENT FORM:** Prior to returning to physical activity (practice or competition) the student and parent (if a minor student) must complete the Post-Concussion Consent Form which accompanies the written unconditional clearance of an M.D., D.O., P.A or N.P. **This form should be kept on file at the school for seven years after the student's graduation and emailed to or faxed to 517-332-4071.**
7. In cases where an assigned MHSAA tournament physician (MD/DO/PA/NP) is present, his or her decision to not allow an athlete to return to activity may not be overruled.

-Continued-

SANCTIONS FOR NON-COMPLIANCE WITH CONCUSSION MANAGEMENT POLICY

Following are the consequences for not complying with National Federation and MHSAA rules when players are removed from play because of a concussion:

- A concussed student is ineligible to return to any athletic meet or contest on the same day the concussion is sustained.
- A concussed student is ineligible to enter a meet or contest on a subsequent day without the written authorization of an M.D., D.O., Physician's Assistant or Nurse Practitioner and the signed "Post-Concussion Consent Form."

These students are considered ineligible players and any meet or contest which they enter is forfeited.

In addition, that program is placed on probation through that sport season of the following school year.

For a second offense in that sport during the probationary period – that program is continued on probation through that sport season of the following school year and not permitted to participate in the MHSAA tournament in that sport during the original and extended probationary period. A school which fails to submit required online concussion reports will be subject to the penalties of Regulation V, Section 4 A. This includes reporting zero if no concussions occurred in a season.

CONCUSSION AWARENESS
EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by FAIRVIEW AREA SCHOOL.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

FAIRVIEW AREA SCHOOLS
ATHLETIC HANDBOOK ACKNOWLEDGMENT FORM

We have read and understand the Fairview Athletic Handbook. We agree to comply with the handbook and will take our questions and concerns to the coach of the sport our son/daughter is participating in.

We also understand that our child will not participate in the interscholastic sport until this form is signed and on file in the athletic director's office.

This form must be signed once during each academic year. Please complete the form and return it to the high school office.

_____ is in _____ grade and will be participating in the following
(Printed name of athlete)

Interscholastic extra-curricular opportunities: (List each sport individually)

(Signature of Parent/Guardian)

Date

(Signature of Student Athlete)

Date

TRANSPORTING STUDENT ATHLETES

I give my son/daughter _____ permission to ride to and from athletic contests with a Volunteer Parent Driver or one of the coaches.

(Signature of Parent/Legal Guardian)

Date

**FAIRVIEW AREA SCHOOLS
ATHLETIC LIABILITY AND INSURANCE FORM**

Student Athlete's Name: _____

Grade: _____

Sport (s): _____

Date: _____

There are many positive benefits of participation in athletics, but it must be clearly understood that there are also risks and dangers that accompany participation in the athletic activity. The purpose of this form is to clearly state that you are allowing your son/daughter to participate in an athletic program, knowing the risks involved. Your signature acknowledges the fact that you may be putting your child in a dangerous situation that may result in injury. Athletes and parents must both understand and accept the risks and financial costs that participation in sports brings.

LIABILITY STATEMENTS

We acknowledge the risks involved in participation in competitive athletics and are willing to accept the risks and allow our son/daughter to participate in sports.

We understand that the student athlete named above is covered by my insurance listed on the back of this form. If they do not have insurance, they may purchase coverage offered to every student athlete.

I authorize that a coach or parent volunteer driver may transport my child to seek medical attention by a licensed medical person if necessary, when I cannot be contacted.

Further, I authorize the coach or a parent of one of the athletes on the team to transport my son/daughter to and from athletic contests.

Further, I understand and accept full liability and responsibility for the payment of all expenses incurred for any medical treatment rendered to my child, including ambulance services, hospital care, x-rays, fees of doctors, dentists or any other medical treatment center fee beyond the limits of my personal insurance and the athlete's supplemental insurance.

We have read and understand this statement of athletic liability and grant my child permission to participate in the athletic programs at Fairview Area Schools and will hold the school harmless in regards to liability.

Date: _____

Date: _____

(Signature of Parent/Guardian)

(Signature of Athlete)

FAIRVIEW ATHLETIC MEDICAL FORM

I know that my child's participation in sports may result in an injury even though Fairview Area Schools has taken precautions to avoid the injuries. Knowing this, I grant permission to qualified professional medical personnel to administer medical care to my son/daughter if he/she becomes ill or injured during practice or athletic contest.

(FULL NAME) (BIRTH DATE) (GRADE) (AGE)

(STREET NAME) (CITY) (ZIP CODE)

(HOME PHONE) (CELL PHONE) (WORK PHONE)

LIST ANY CURRENT MEDICATIONS: _____

ALLERGIES: _____

OTHER IMPORTANT MEDICAL INFORMATION: _____

NAME OF INSURANCE COMPANY: _____

CONTRACT NUMBER: _____

NAME OF FAMILY DOCTOR: _____ PHONE: _____

OTHER EMERGENCY CONTACT PEOPLE IF YOU CAN'T BE REACHED:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

I FURTHER UNDERSTAND THAT ATHLETICS CAN BE DANGEROUS. WHILE SERIOUS INJURY IS NOT USUAL, THERE IS THAT POSSIBILITY. IT MUST BE UNDERSTOOD THAT NO AMOUNT OF PROTECTIVE GEAR OR OTHER PREVENTATIVE MEASURES WILL PREVENT ALL INJURIES.

(PARENT SIGNATURE) (DATE) (SPORT (S))

**FAIRVIEW AREA SCHOOLS
APPLICATION FOR PARENT-DESIGNATED VOLUNTEER DRIVER**

I wish to assist the education of children in the Fairview Area Schools and therefore apply to become a volunteer driver to transport student (s) in a non-school owned vehicle to/from a school related event and as authorized by the student (s) parent/legal guardian. In return for authorizing my status as a parent-designated volunteer driver, I make the following representations and commitments.

Driver's Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____

Operator's License No.: _____ License Expiration Date: _____
License Restrictions: _____

Vehicle: Make/Model/Year: _____ Vehicle Owner: _____
Vehicle Insurance Company: _____ Policy Number: _____
Policy Coverage Period: _____ Liability Limit: _____

1. I have/have not (circle one) been convicted of an alcohol/drug-related driving violation in the past 10 years.
2. I currently have _____ Points on my driving record for _____ (list citations and dates).
3. I agree to abide by the requirements of all applicable laws at all times during which I am engaged as a parent/legal guardian designated volunteer driver, including but not limited to requiring each passenger to use a seat belt.
4. I will promptly report to the school principal or his/her designee any of the following which may occur after the application date.
 - A. Motor vehicle accident (regardless of whether the accident occurs while I am volunteer driving).
 - B. Suspension/revocation of my operator's license.
 - C. Change in the status of my motor vehicle insurance status, and
 - D. Change in my ability to safely drive a motor vehicle.
5. I will maintain at all times liability insurance which covers passengers in my vehicle while I am a volunteer driving a student to/from a school-related event.
6. I will not use a vehicle with a manufacturer rated seating capacity of 11 or more passengers, including the driver, to transport a student to/from a school-related event.
7. I will maintain the vehicle so it can be safely operated.
8. I understand that:
 - A. Damage to the owner's vehicle is not insured by the Fairview Area Schools.
 - B. In case of any insurance claim, the owner's vehicle insurance provides primary coverage and the general liability insurance of the Fairview Area Schools provides excess coverage pursuant to the limitations of the insurance contract.

I have read and understand the above requirements to be a parent/guardian-designated volunteer driver and I agree to abide by these requirements.

(Driver's Signature)

(Date)

(Administrator's Signature)

(Date)

Authority MCL 257.6(3)(h), MCL 257.1807(1)

Approval Date: _____

Attachments: (photocopies)

_____ Operator's License

_____ Vehicle Insurance Card

_____ Vehicle Registration