



Nathan Hale-Ray Athletics
2023-2024 Athletic Participation Checklist

Student/Athlete Name

Date

The signatures below indicate that I have received, read, understand, and agree to the following:

- Have viewed the required video on concussions
- Signed the *Student and Parent Concussion informed Consent Form*
- Signed the two-sided *Sudden Cardiac Arrest Awareness Student and Parent informed Consent Form*
- Submitted to the Coach the completed two-sided *Authorization for Emergency Medical Use Form*
- Read and signed the imPACT Consent Form
- Have the required Physical Examination on file with the school nurse

Parent/Guardian Signature

Date

Student/Athlete Signature

Date

NATHAN HALE-RAY HIGH SCHOOL

Student and Parent Concussion Informed Consent Form

This consent form was developed to provide students, parents and legal guardians 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. Revocation of coaching permit;* 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 or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain."* -CDC, Heads Up: Concussion. http://www.cdc.gov/headsup/basics/concussion_what_is.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/headsup/pdfs/custom/headsupconcussion_fact_sheet_coaches.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 CSDE 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 a 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 or aggressive
- Trouble resting/getting comfortable
- Repeatedly asks the 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
- Loss of consciousness
- Disproportionate/inappropriate reactions
- Amnesia/memory problems
- Balance problems

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

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

State law requires that a coach **MUST** immediately remove a student-athlete from participating in any intramural or interscholastic 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 head 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 she/he has received written medical clearance from a licensed healthcare 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 a concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete **MUST** be transported immediately to the hospital.
3. Close observation of an athlete **MUST** continue following a concussion. The athlete should be monitored 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 healthcare 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 (at least one full day between steps recommended)

Rehabilitation Stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic; school activities may need to be modified.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity at less than 70% of maximal exertion; no resistance training	Increase heart rate
3. Sport-specific exercise	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, such as 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 do not 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

I have read and understand the Student and Parent Concussion Informed Consent Form and the attached board of education policies regarding concussions and understand the severities 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>.

2. [http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus Statement on Concussion_in Sport_3rd.1.aspx](http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx).
3. CDC. *Heads Up: Concussion in High School Sports*. [http://www.cdc.gov/NCPC/tbj/Coaches Tool Kit.htm](http://www.cdc.gov/NCPC/tbj/Coaches_Tool_Kit.htm). CAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources:

- CDC. *Injury Prevention & Control: Traumatic Brain Injury*. Retrieved on June 1, 2015. <http://www.cdc.gov/TraumaticBrainInjury/index.html>
- CDC. *Heads Up: Concussion in High School Sports Guide for Coaches*. Retrieved on June 1, 2015. <http://www.cdc.gov/headsup/highschoolsports/coach.html>
- CDC. *Heads Up: Concussion* materials, fact sheets and online courses. Retrieved on June 6, 2015. <http://www.cdc.gov/headsup/Nm>

Parent and Legal Guardian

Sudden Cardiac Arrest Awareness Informed Consent Form

This Parent and Legal Guardian Sudden Cardiac Arrest Awareness Informed Consent Form was developed to provide parents and legal guardians of student-athletes with current and relevant information regarding sudden cardiac arrest, or SCA. This form is required to be read, signed, dated and provided to the student-athlete's school annually, indicating the parent or legal guardian's authorization for the student-athlete to participate in intramural or interscholastic athletics.

Part 1: *What is Sudden Cardiac Arrest?* Sudden Cardiac Arrest (SCA) is when the heart suddenly and unexpectedly stops pumping blood due to a rhythm abnormality. When this happens, blood stops flowing to the brain and other vital organs and, if left untreated, can quickly result in death. SCA does not just happen to adults; it also takes the lives of students. However, the causes of SCA in students and adults can be different. A student's SCA will likely result from an inherited condition, extreme overheating/dehydration or from trauma to the chest, while an adult's SCA is most often caused by a heart attack, 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, while SCA is a malfunction in the heart's electrical system, causing the heart to go into an unstable rapid rhythm.

Part 2: *How Common is Sudden Cardiac Arrest?* SCA is the number one cause of death for adults in this country. It is also a leading cause of death for student athletes. About 300,000 cardiac arrests occur outside hospitals each year. According to an April 2014 study for PubMed, the current incidence of SCA is:

- 0.63 per 100,000 students (6 in 1,000,000)
- 1.14 per 100,000 student-athletes (11 in 1,000,000)
- 0.31 per 100,000 student non-athletes (3 in 1,000,000).
- 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), are heat stroke, heart disease and traits associated with sickle cell anemia. The same study concludes that prevention of sudden death is associated with more advanced cardiac screenings 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.

SCA is a medical emergency. If not treated immediately it can cause irreversible organ and brain damage, and even death. With fast, appropriate medical care, however, 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/definition/con-20042982>

Part 3: *What are the warning signs and symptoms of Sudden Cardiac Arrest?* 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.

Risks of continuing activity after experiencing warning signs and symptoms There are serious risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops pumping efficiently, the brain and other vital organs are compromised. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA will die from it. Any student-athlete who shows signs or symptoms of SCA must be immediately removed from the athletic activity.

Part 4: What should occur when a person experiences Sudden Cardiac Arrest? When a person experiences SCA, three actions should be taken immediately:

1st: Get Help! Call out for assistance and call 911,

2nd: Start CPR! Begin hands-only CPR.

3rd: Attach and activate an Automated External Defibrillator (AED)! An AED should be attached, activated and the user should follow the prompts. The AED will be able to determine if a shock should be given to the heart or if CPR should be continued without a shock. If the AED determines that a shock should be given, it will give instructions on how to proceed.

Only CPR and AED use have been proven to help a person get out of a cardiac arrest. For every minute a person does not receive a shock, the chances of survival goes down by 10% per minute. Keep in mind that the average response time for emergency medical services (EMS) is approximately 5-8 minutes. The AED will not allow the user to deliver an electric shock if it is not clinically applicable. The person using the AED can attach the device to the person suffering the SCA, turn it on and push the shock button, but the AED will not allow a shock to be delivered if it is unwarranted. No harm can be done by applying an AED to an individual.

Return to Play Before returning to play, the athlete must be evaluated by a licensed medical provider. Following the evaluation, written clearance, signed by the licensed medical provider, must be given prior to the student-athlete engaging in any athletic activity.

Part 5: Local Board of Education Policy regarding Sudden Cardiac Arrest

Attach a summary of the local or regional Board of Education policy regarding SCA

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 CPR and an AED can be lifesaving. Training in recognition of signs of SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone experiencing SCA. National Heart, Lung and Blood Institute
<http://www.nhlbi.nih.gov/health/health-topics/topics/sca>

I have read and understand the Parent and Legal Guardian Sudden Cardiac Arrest Awareness Informed Consent Form and understand the severities associated with Sudden Cardiac Arrest (SCA) and the need for immediate treatment of any suspected condition.

I authorize _____ to participate in _____ for school year _____
(Student Name) (Sport/Activity)

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

Sources/Resources:

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

Pennsylvania Department of Health - http://www.simonsfund.org/wp-content/uploads/2012/06/Parent-Handout_SCA.pdf

Mayo Clinic - <http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/definition/con-20042982>

National Heart, Lung and Blood Institute (NHLBI) - <http://www.nhlbi.nih.gov/health/health-topics/topics/scda>

American Heart Association (AHA) - <http://www.heart.org>

NATHAN HALE-RAY HIGH SCHOOL

Authorization for Emergency Medical Use

I hereby authorize emergency medical care for my child _____ during the attendance at _____ if in the judgment of the staff, treatment is required for an injury or illness. I hereby also authorize the administration of anesthetics and recourse to other procedures deemed necessary by the attending physician.

I understand that whenever possible I will be notified prior to medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

Parent/Guardian Name

Emergency Contact Name

Parent/Guardian Phone Number

Emergency Contact Phone Number

Alternative Contact Number

Alternative Contact Number

My child is allergic to the following medications and anesthetics: _____

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

Signature of Parent or Guardian

Date

This Authorization will end twelve (12) months from the date indicated above.

The physician of my choice is: _____ Office Phone Number: _____

The dentist of my choice is: _____ Office Phone Number: _____

Other important medical information or special physicians: _____

Nathan Hale-Ray High School Athletic Department

We/I give permission for _____ to participate in organized high school athletics, realizing that such activity involves potential for injury, which is inherent in all sports. We/I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be severe enough as to result in disability, paralysis, or even death. (As per C.I.A.C. guidelines)

We/I acknowledge that we/I have read and understand the warning. We/I have read the East Haddam School System's Player Rules and Regulations and understand that _____ must abide by them in order to participate in interscholastic athletics at Nathan Hale-Ray High School during the current school year.

Parent/Guardian

Date

Player

Date



Dear Parent/Guardian,

Nathan Hale-Ray High School is currently implementing a program for our student-athletes. This program will assist in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes at the start of the season. This non-invasive test is set up in video-game" type format and takes about 30 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to retake the test. Both the preseason and post injury test data can be shared with your child's doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and the pose no risks to your student athlete. *We* are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Nathan Hale-Ray High School administration, coaching, and athletic training staff are striving to keep your child's health and safety At the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program, please feel free to contact me at (860) 873-2073.

Sincerely,

Athletic Trainer
Nathan Hale-Ray High School



CONSENT FORM

**For use of the Immediate Post-Concussion Assessment
and Cognitive Testing (ImPACT)**

I have heard the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete: _____

Sport: _____

Signature of Athlete

Date

Signature of Parent

Date