PREPARTICIPATION PHYSICAL

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. ***History Form is retained by physician/healthcare provider.***

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____

List past and current medical conditions. _____

_____

Have you ever had surgery? It yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects).

_____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the last 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or use any other appearance/performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION		
Height	Weight	☐ Male ☐ Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected? Y N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insuffiency		
Eyes/ears/nose/throat		
• Pupils equal		
• Hearing		
Lymphnodes		
Heart		
• Murmurs (auscultation standing, supine, +/- Valsalva)		
Pulses		
• Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin		
• HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		

	NORMAL	ABNORMAL FINDINGS
Knee		
Leg/ankle		
Foot/toes		
Functional		
• Double-leg squat test, box drop or step drop test		

☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
☐ Not cleared ☐ Pending further evaluation ☐ For any sports

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

NAME: _____

REHABILITATION SERVICES

PRE-SEASON SCREEN

MUSCULOSKELETAL EXAMINATION FORM (FLEXIBILITY/RANGE OF MOTION/STRENGTH)

UPPER EXTREMITY ROM:

WFL ☐ DEFICIT ☐ _____

SPINE SCREEN:

TOE TOUCH: WFL ☐ DEFICIT ☐ _____

TRUNK ROTATION: WFL ☐ DEFICIT ☐ _____

CERVICAL ROM: WFL ☐ DEFICIT ☐ _____

GAIT/ALIGNMENT: WFL ☐ DEFICIT ☐ _____

DUCK WALK/LE ROM: WFL ☐ DEFICIT ☐ _____

SINGLE LEG HOP: WFL ☐ DEFICIT ☐ _____

Therapist's Name (printed):_____

Jasper Middle School
Department of Athletics
3600 Portersville Road
Jasper, IN 47546
Phone: (812) 482-6454

Medical Emergency Information
2026-2027

Parents: In order for your child to participate in Jasper Middle School Athletics, we MUST have this form on file. It is for your child's protection in the event of an emergency. Please complete each blank. Please use pen.

Athlete_____

Address_____

City:_____ State:_____ Grade:_____

Home Phone: _____Cell Phone:_____ Birth date:_____ Sex:_____ Age:_____

Parent/Guardian's Name:_____ Work number:_____

Parent/Guardian's Name:_____ Work number:_____

Daytime e-mail address_____

Allergies: (including any medication):_____

Date of last Tetanus Shot: _____

Physician:_____ Phone:(____)_____

Physician Address:_____

Who should we contact first in case of an emergency?

Name_____

Home Phone #:_____ Cell Phone #:_____ Work Phone #:_____

If unable to contact the above person, whom should we contact?

Name:_____

Home Phone #:_____Cell Phone #:_____ Work Phone #:_____

If unable to contact either of the above people, I give the Head Coach full power, at my expense, to authorize any medical treatment necessary and prescribed by certified medical personnel for the safety and well-being of my child, including emergency transportation to an emergency care facility.

Parent/Guardian Signature:_____

***NOTE: If consent is not granted, students may not participate in any school athletic program. This consent shall not relieve parents from liability for any medical services provided to students.

PLEASE TURN OVER PAGE AND SIGN CODE OF CONDUCT FORM. STUDENT AND PARENT SIGNATURE REQUIRED.

TO: Parents, Coaches, and Athletes

RE: Code of Conduct

Attached is a Code of Conduct that has been adopted by Jasper Middle School, effective July 26, 1999. The Code includes standards for student athletes/extra curricular and penalties for breaches of these standards. The new policy is designed to establish a uniform set of procedures for all sports teams. Each student is to be given a copy of the policy statement. A parent or guardian and the student must sign the form below indicating that they know the rules and pledge to abide by them. Athletes may not practice or participate in any sport until this form is on file in the Athletic Office.

David Hubster, Principal

Ben Mundy, Athletic Director

2026-2027

We have read and understand the Jasper Middle School Code of Conduct for student athletes/extra curricular and agree to abide by the rules and procedures of the Athletic Department.

_____ _____ (2026-2027)

Student Athlete **Grade**

_____

Parent or Guardian

*****THIS FORM MUST BE RETURNED TO THE ATHLETIC DEPARTMENT BEFORE AN ATHLETE MAY PRACTICE OR PARTICIPATE IN ANY SPORT.**

Code of Conduct for Jasper Middle School Student Extra Curricular Activities

For the purpose of establishing an accurate definition of an extra-curricular activity, it shall, hereafter, be interpreted to mean any activity sponsored by the school or by a school-related organization that takes place outside the regularly scheduled school day and any event sponsored during the school day which requires absence from regularly scheduled classes.

Rules for Student Athletes/Extra Curricular

All students who choose to participate in athletics/extra curricular at Jasper Middle School shall abide by the following rules and any other rules set forth by their coach(s).

A. At no time is a student athlete/extra curricular allowed to use or be in possession of any form of alcoholic beverage, tobacco, or illegal drug. *This rule applies year round for the three years while a student at Jasper Middle School.*

PENALTIES

Rule C-8-1 of the Indiana High School Athletic Association forms the basis of the Code of Conduct for Jasper Middle School Athletes. (This rule applies for each school year and encompasses rule A.)

"Contestants' conduct, in and out of school, shall be such as:
A. Not to reflect discredit upon their school or the Association.
B. Not to create a disruptive influence on the discipline, good order, moral or educational environment of the School" this may include, lying, cheating, stealing and, any other expectations of students found in the Jasper Middle School Handbook.

PENALTIES

1. First Offense - Suspension of twenty percent of contests that student is participating in or will participate in. Conference – The student and his/her parents must have a conference with the coach. The principal will be informed, and a written account will be submitted.
2. Second Offense – Automatic suspension for a full season from the activity in which the student is participating. If season is half over, suspension will carry into first half of following season.
3. Third Offense – Automatic suspension from Jasper Middle School athletics/extra curricular for the remainder of of the school year.

C. The school athletic years for all student athletes begins with their first official practice of their sixth grade year, and continues for 3 years or as long as a student athlete/extra-curricular is participating in that activity.

D. The principal and the athletic director shall be responsible for determining if a violation of these rules has taken place.

E. The penalty(ies) listed above will be enforced for violation of these rules.

NOTE: It is recognized that the principals, by the Administrative Authority vested in them by their school corporation, may exclude such contestants from representing their school.

ATTENDANCE

Students are expected to be in school all day on the day of a contest. Students who are absent from school are not allowed to attend practice or contests on that same day. On the day following a contest, students are to be present when school begins. Any student not present for the beginning of school, on the day after a contest, is not to participate in practice. The only exception to this rule is for a funeral. Students who are absent with just cause, may participate with permission of the athletic director, principal, or assistant principal.

ACADEMIC ELIGIBILITY

Any student who receives a "U" or an "F" in a subject, including citizenship, on his/her quarterly report will have his/her eligibility placed under review by the Principal, Assistant Principal and Athletic Director for the following grading period.

Any student who receives a "U" or an "F" in a subject, including citizenship, on his/her final (spring) nine-week report (not semester report) at the end of his/her 6th or 7th grade year, will have his/her eligibility placed under review by the Principal, Assistant Principal and Athletic Director for the first nine-week grading period of his/her 7th or 8th grade year.

The above will likewise apply to any student new to Jasper Middle School. A new student's transcript will be evaluated before eligibility will be granted.

Students in the 8th grade that were retained in the 7th or 8th grade are not allowed to participate in conference games. JMS students will abide by the age requirements as set by the Southern Indiana Junior High Athletic Conference.

COMMITMENT TO JASPER MIDDLE SCHOOL

1. Students shall not participate on any other organized team during the school team season of that same sport.

2. When students are participating in two different activities, both school sponsored, the student and coaches/sponsors will work out an acceptable schedule. If an agreement cannot be reached, student will have to make a choice between the conflicting activities.

3. When students are participating in two different activities, one school sponsored and one not, the student will give priority to the school activity.

Holy Trinity Catholic School

Greater Jasper
CONSOLIDATED SCHOOLS

SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENTS

Student's Name (Please Print): _____

Activity Participating In (Current and Potential): _____

School: _____ Grade: _____

IC 20-34-8 requires schools to distribute information sheets to inform and educate students and their parents on the nature and risk of sudden cardiac arrest (SCA) to students, including the risks of continuing to participate in physical activities while experiencing warning signs of SCA. These sheets must also include information about electrocardiogram testing, including the potential risks and benefi of testing.

The law requires that each year, before beginning participation in a physical activity, applicable studen and their parents must be given the information sheet, and both must sign and return a form acknowledging receipt of the information to the student's coach or band leader. Applicable students include students participating in:

- An athletic contest or competition between or among schools
- Competitive and noncompetitive cheerleading that is sponsored by or associated with a school
- Marching band

IC 20-34-8 states that a student who is suspected of experiencing symptoms of SCA shall be removed from the activity and may not return to the activity until the coach or band leader has received verbal permission from a parent for the student to resume participation. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent. Parent - please read the SCA Fac Sheet for Parents and ensure that your child has also received and read the SCA Fact Sheet for Studen After reading these fact sheets, please ensure that you and your child sign this form and have your chil return this form to his/her coach or band leader.

I, as a student participating in an athletic contest, cheerleading, or marching band, have received and read the SCA Fact Sheet for Students. I understand the warning signs of SCA, including the risks of continuing to participate if I am experiencing any of these warning signs.

_____ _____

(Signature of Student Athlete) (Date)

I, as the parent of the above-named student, have received and read the SCA Fact Sheet for Parents. I understand the nature and risk of SCA, including the risks of continuing to participate after experiencin warning signs of SCA.

_____ _____

(Signature of Parent or Guardian) (Date)

LIABILITY WAIVER FOR ATHLETIC SEASON

Holy Trinity Catholic School

Description: Practices/Open Gyms/Games/Bus Rides for the _____ Season
(Year) (Sport)

To Parent/Guardian: This permission slip must be filled out completely including signature and telephone numbers. **Please print in ink.**

Student Name:_____ **Parent/Guardian:**_____

Home Phone:_____ **Parent/Guardian Cell #:**_____

Emergency Contact:_____ **Phone #:**_____

Please provide any pertinent information regarding any chronic medical conditions or allergies as well as any medication (prescribed or otherwise) student is currently taking that must be administered during the course of the athletic season.

_____

_____

Please sign below and return.

I, the parent/guardian of the above-named student, hereby request that he/she **be permitted** to attend and participate in the above-described athletic season. I give my approval for my student's participation in the athletic season and agree to assume all risks and hazards incidental to the conduct of the event including transportation to and from the event. I do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, Most Reverend Joseph Siegel, Parish/School, Fr. Brian Emmick, Pastor, Principal, Athletic Director, Coaches and any other volunteers involved with the event including transportation associated therewith from any and all claims, including claims of personal injury or illness to my student or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the athletic season and/or transportation to and from the activity.

_____ _____

Date Parent's/Guardian's Signature

For Holy Trinity Athletes Only

CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (Current and Potential): _____

School:_____ Grade: _____

IC 20-34-7 requires schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

This law requires that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

Parent/Guardian - please read the Concussion Fact Sheet for Parents and ensure that your student athlete has received and read the Concussion Fact Sheet for Students. After reading these fact sheets, please ensure that you and your student athlete sign this form and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read the Concussion Fact Sheet for Students. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

_____ _____
(Signature of Student Athlete) (Date)

I, as the parent or legal guardian of the above-named student, have received and read the Concussion Fact Sheet for Parents. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

_____ _____
(Signature of Parent or Guardian) (Date)

For Holy Trinity Athletes Only

Updated May 2021

A FACT SHEET FOR

Athletes

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

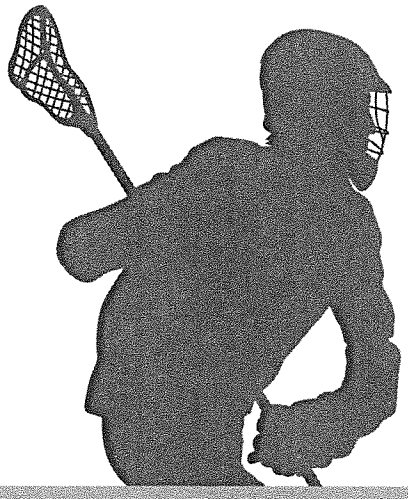
What Should I Do If I Think I Have a Concussion?

Report It.

Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.

Get Checked Out by a Doctor.

If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other healthcare provider can tell whether you have a concussion and when it's OK to return to school and play.



Give Your Brain Time to Heal.

Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

cdc.gov/HEADSUP

How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

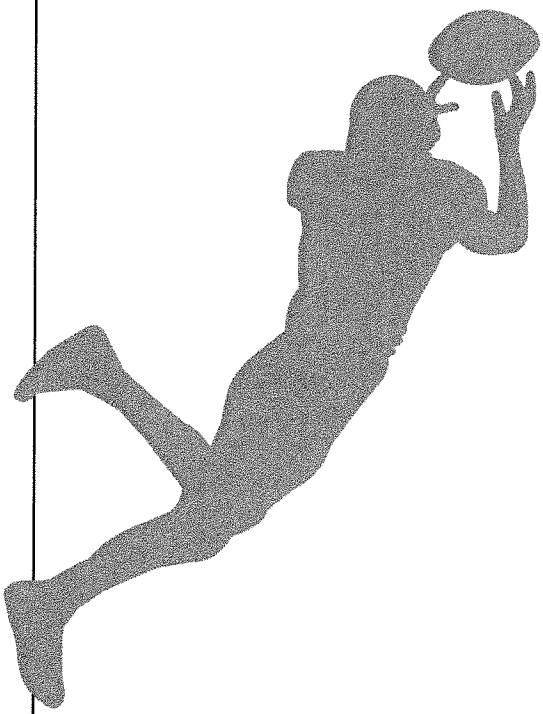
- **Get a headache**
- **Feel dizzy, sluggish, or foggy**
- **Are bothered by light or noise**
- **Have double or blurry vision**
- **Vomit or feel sick to your stomach**
- **Have trouble focusing or problems remembering**
- **Feel more emotional or "down"**
- **Feel confused**
- **Have problems with sleep**

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

How Can I Help My Team?

Protect Your Brain.
All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

Be a Team Player.
If one of your teammates has a concussion, tell them that they're an important part of the team and they should take the time they need to get better.



The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more, go to cdc.gov/HEADSUP

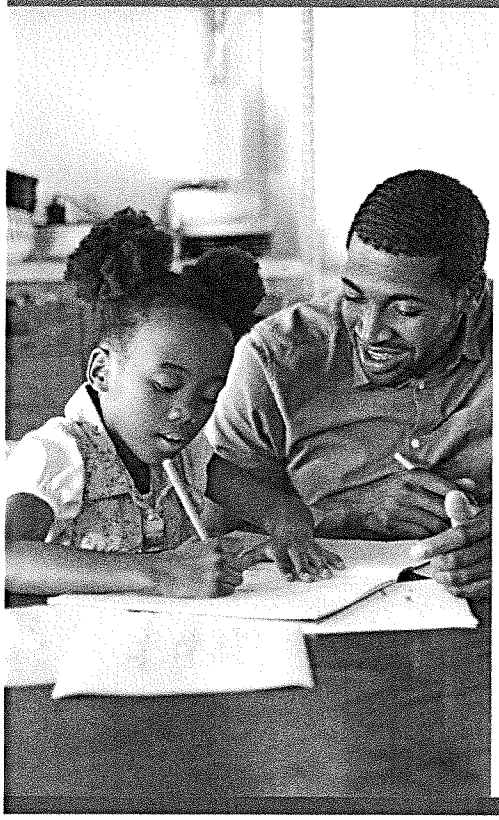
CDC HEADS UP

A FACT SHEET FOR

Parents

CDC HEADS UP

SAFE BRAIN. STRONGER FUTURE.



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/HEADSUP. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/HEADSUP

January 2021

Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injuried occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.**
   A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.**
   If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.
3. **Talk to your child or teen about how they are feeling.**
   Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021