

CONCUSSION IN SPORTS A FACT SHEET FOR KETTLE MORAINE

A FACT SHEET FOR KETTLE MORAINE ATHLETES AND PARENTS*

WHAT IS A CONCUSSION?

A CONCUSSION IS A BRAIN INJURY THAT:

- Is caused by a bump, blow or jolt to the head or body.
- Is always serious and can change the way your brain works.
- Can occur during practices or games in any sport or recreational activity or motor vehicle accident.
- Can happen even if you have not lost consciousness.
- Can be serious even if you have just been dinged or "had a ringer."

WHAT ARE THE SIGNS AND SYMPTOMS?

SIGNS OBSERVED BY PARENTS OF OTHERS

- Appears dazed or stunned
- · Is confused
- Forgets instructions
- · Is unsure of game, score, or opponents
- · Moves clumsily
- · Shows mood, behavior, or personality change
- · Cannot recall events prior to hit or fall
- · Cannot recall events after hit or fall

SYMPTOMS REPORTED BY THE ATHLETE

- · Head ache or pressure
- · Nausea or vomiting
- Balance problem or dizziness
- Double or blurry vision
- · Sensitivity to light or noise
- · feeling sluggish, hazy, foggy or groggy
- · Concentration or memory problems
- · Just not feeling "right" or "feeling down"

WHAT TO DO IF YOU SUSPECT A CONCUSSION:

TELL THE COACH, ATHLETIC TRAINER OR SCHOOL

NURSE. They need to know if you have had a head injury or if you have had a previous concussion.

SEEK MEDICAL ATTENTION. A health care professional experienced in evaluating concussions will be able to diagnose and treat a concussion and determine when it is safe to return to plan. A student who sustains a concussion cannot return to a Kettle Moraine athletic activity until a qualified health care professional indicates it is safe to do so. (physician, nurse, athletic trainer)

STAY OUT OF PLAY UNTIL FULLY RECOVERED.

A concussed brain needs time to heal. While a brain is still healing there is a much greater chance of another concussion. Repeat concussions can slow recovery and increase the likelihood of long-term problems. In rare cases, repeat concussions can result in permanent brain damage and even death.

INFORM THE SCHOOL STAFF OF ALL CONCUSSIONS.

A concussion can impact a student's ability to do academic work and other activities such as computer use, studying, driving or exercising. If needed the school nurse and your teachers can help adjust school activities during the recovery period.

REST IS THE ONLY TREATMENT FOR CONCUSSION.

Physical and cognitive rest are necessary for the brain to return to normal functioning. Any activities that provoke the reoccurrence of symptoms should be discontinued.

IMPACT NEURO COGNITIVE BASELINE TESTING (HIGH SCHOOL STUDENTS ONLY)

As part of the District's efforts to minimize concussion related injuries, every school athlete is requested to participate in ImPACT base-line screening. ImPACT is a computerized exam utilized in sports programs across the country to manage concussion and guide return to play decisions. This is a non invasive, simple test set up in a "video game" format and takes about 20 minutes to compete. The baseline testing records an individual's reaction time, memory, speed and concentration. It is not an IQ test or utilized for any purpose other than to establish a baseline measure for a comparison should a student later sustain a concussion. The test data will help health professionals determine when a concussed athlete is fully recovered and safe to return to full academic and physical activity.

If you think you have a concussion: Don't hide it! Report it! Take time to recover!



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CONCUSSION DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if he/she exhibits any of the following symptoms:

- 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
- Any loss of consciousness should be taken very seriously

RETURN TO PLAY GUIDELINES

Children and teens with a concussion should never return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

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

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion. The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise:

stationary biking or jogging

STEP TWO: More strenuous running and sprinting

in the gym or field without equipment

STEP THREE: Begin non-contact drills in full uniform.

May also resume weight lifting

STEP FOUR: Full practice with contact

STEP FIVE: Full game clearance



CONCUSSION IN SPORTS CONCUSSION POLICY CONSENT

Re: Wisconsin Act 172 – Concussion Policy Relating to concussion and other head injuries sustained in youth athletic activities

CONCUSSION INFORMATION – KNOW THE RULES AND WHEN IN DOUBT, SIT THEM OUT!

Before a student may participate in practice, competition or youth athletic activities sponsored by the School District of Kettle Moraine the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each coach or instructor and to all participants and their parent/guardian. Participation will not be permitted in the absence of student and parent/guardian acknowledgement and a signed Concussion Policy Consent Form.

An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

Statement acknowledging receipt of education and responsibility to report signs or symptoms of concussion to be included as part

A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

SCHOOL DISTRICT OF KETTLE MORAINE: CONCUSSION POLICY CONSENT FORM

or the Farticipant and Farental Disclosure a	and Consent Document.					
I, (Student/Athlete Name) hereby acknowledge havi received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to rep to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.						
Print Student/Athlete Name	Student/Athlete Signature	Grade	Date			
Sport/Activity						
I, the parent/guardian of the student athlete toms, and risks of sport related concussion.	named above, hereby acknowledge having recei	ved education about th	ne signs, symp-			
Print Parent/Guardian	Parent/Guardian Signature		 Date			

PLEASE RETURN CONSENT FORM TO THE KMHS ATHLETIC DEPARTMENT:

Kettle Moraine High School 349 N. Oak Crest Drive 53183 Wales, WI

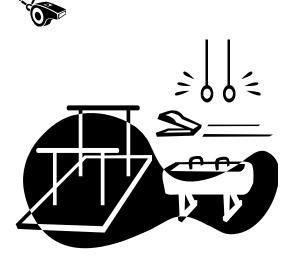
Forms	due	bv:				

Concussion Form - Parent & Student Signature Required

Wisconsin statute 118.293 requires the dissemination of information on the nature and risk of concussion and head injury to each person 18 and under who wishes to participate in any youth athletic activity. Student and parent signed acknowledgement of this information is **required prior to the participation in any Kettle Moraine sponsored youth athletic activity.** This includes students at ALL levels.

Sports and activities include, but are not limited to:

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Com. Ed.	Field Hockey
Com. Ed.	Indoor Soccer
Com. Ed.	Jr. Laser Football
Com. Ed.	KM Basketball Club
Com. Ed.	Lacrosse
Com. Ed.	LYBA Basketball
Com. Ed.	HS Ski Club
Com. Ed.	Youth Sporting Camps (football,basketball,
	volleyball,wrestling,soccer, baseball)
Com. Ed.	Youth Volleyball
Com. Ed.	Youth Wrestling Club
MS	Boys' Basketball (Interscholastic)
MS	Boys' Volleyball (Interscholastic)
MS	Co-ed Volleyball (Intramural)
MS	Cross Country Club (Intramural)
MS	Girls' Basketball (Interscholastic)
MS	Girls' Volleyball (Interscholastic)
MS	Track (Interscholastic)
MS	Wrestling (Interscholastic)





HS Girls VolleyballHS Gymnastics co-op with Mukwonago

HS Intramural Basketball

HS Intramural Pickleball

Girls Soccer

Girls Softball

Girls Swim

Girls Tennis

Girls Track

HS POMS

HS

HS

HS

HS

HS

HS Special Olympics

HS Weightlifting

HS Wrestling

If your student participates in another club or association sponsored sport, a signed form will be required by that organization.