

Statement of Concussion/Head Injury Douglas Activity Programs

The information included is presented to you so that you may understand the risk of concussion involved in participating in our Activity Programs at Douglas Middle School/High School. The state of Wyoming recently passed Enrolled Act NO. 97 regarding school athletics safety as it pertains to concussion. It requires us to inform parents and students of the risk of concussion, as well as, provide you information regarding concussions and other head related injuries.

Any student exhibiting signs, symptoms, or behaviors consistent with concussion or other related head injuries will be immediately monitored by the athletic trainer and/or coach. The student involved will not be allowed to participate in the activity until they receive a medical release from a licensed health care professional (a practitioner licensed by the State Board of Medicine, ie, MD, DO, PA-C). Additionally, any licensed health care provider whose state licensing board has verified that its practitioners are qualified and trained in concussion/head related injury may provide a medical release.

Furthermore, students will not be allowed to participate in the activity program as long as they exhibit signs, symptoms, or behaviors consistent with concussion or other related head injuries even if they have a medical release from a licensed health care professional.

The National Federation of State High School Associations (NFHS) has developed the attached guidelines for management of concussion in sports. If you should notice your son/daughter exhibiting any of these signs/symptoms please notify the activities office, athletic trainer, and/or coach and seek immediate medical care.

The NFHS has also developed a course, "Concussions in Sports – What you need to know." This free thirty minute course may be viewed at the following web address: <http://www.nfhslearn.com/index.aspx>. If you should have further questions please contact the activities office or athletic trainer.

The following signatures ensure you have read the information above and viewed the signs, symptoms, and behaviors associated with concussion or other related head injuries.

Parent/Guardian Signature

Date

Participants (Son/Daughter) Signature

Date