



LAFAYETTE
PARISH SCHOOL SYSTEM

Athletic Packet

CHECKLIST

The following items below are required to participate in any Lafayette Parish School System Athletic Program offered.

- LHSAA Athletic Participation/Parental Permission Form**
- LHSAA Medical History Evaluation**
- LHSAA Substance Abuse/Misuse Form**
- LHSAA Parent and Student Athlete Concussion Statement (with attached Fact Sheet)**

DEADLINE

This form must be completed and turned in to your school's Athletic Director prior to participating in any practice or game.

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

*This form must be completed and signed **each year** prior to a student's participation in an athletic contest and shall be kept on file with the school. This form is subject to inspection by the LHSAA Rules Compliance Team.*

PART I

(To be completed and signed by student athlete)

PLEASE PRINT

Name: (Last, First, Middle) _____ School Year: _____

Home Address: _____ Parents' Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Date of Birth: _____ Date of Last Physical Exam: _____

I entered ninth grade in _____ (month and year). Last semester/year I attended _____
_____ School.

I certify the preceding information is correct, I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards.

Date: _____ Student's Signature: _____

Telephone No: _____

ARE YOU ELIGIBLE?

As a student athlete in an LHSAA school, you must meet the following rules to be eligible for interscholastic athletic competition:

| <u>RULE</u> | <u>COMMENTS</u> |
|---------------------------------------|--|
| BONA FIDE STUDENT | You must be counted as a student on the daily attendance records at your school. Attendance in one class makes you a student at that school. |
| ENROLLMENT | You must attend class during the first 11 school days of the first semester or you shall be ineligible for the first 30 school days. |
| AGE | You cannot become 19 years of age prior to September 1 of this year. |
| PROOF OF AGE | You must provide legal proof of age, which meets the provisions of the LHSAA handbook, to your school administrator to be kept on file at school. |
| CONSECUTIVE SEMESTERS | Once you enter the ninth grade, you have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.32.15 of the LHSAA handbook) |
| SCHOLASTIC | To be eligible for the first semester of the school year, a student shall have passed six (6) subjects from the previous school year and shall have earned "C" average as determined by the Local Education Authority when considering. To be eligible for the second semester of the school year, a student shall have passed six (6) subjects from the first semester. Special education students must consult the school principal, athletic director, or coach for scholastic information. |
| RESIDENCE AND SCHOOL TRANSFERS | If you attend a school outside your "home attendance zone", you shall be automatically ineligible for one year unless you meet the provisions of the Residence and School Transfers Rule. However, a first year 9 th grader only who transfers to or enrolls in an LHSAA high school outside his/her attendance zone shall be immediately eligible to participate in interscholastic athletics at the sub-varsity level only. If the LHSAA member school does not offer a sub-varsity level in a particular sport, the student shall be ineligible for competition in that sport. |

(OVER)

| | |
|---|---|
| UNDUE INFLUENCE | If you have been recruited to the school for athletic purposes, you will remain ineligible as long as you attend that school. |
| AMATEUR | You cannot play high school athletics if you lose your amateur status. |
| INDEPENDENT TEAM | In certain sports you cannot play on a school team and an independent team during the same sport season. |
| MEDICAL EXAMINATION | You must annually pass a physical examination given by a licensed physician/nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating. |
| ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM | A school shall be required to have this form completed and signed <u>every year</u> prior to a student's participation in LHSAA athletics at the school. |
| SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM | A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school. |
| SUSPENDED AND INELIGIBLE STUDENTS | Cannot participate in any interscholastic contest on any team at any school at any level. |

LHSAA ELIGIBILITY RULES APPLY TO STUDENT ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting standards outlined on this form and other regulations and policies set by the LHSAA and your school. If you have questions or do not fully understand an eligibility rule, check with your principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize you, your team and/or your school.

ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW YOUR ELIGIBILITY RULES

**PART II – PARENTAL PERMISSION
(To be completed and signed by parent)**

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my student athlete. I understand additional questions/explanations and specific circumstances should be directed to my student's principal, athletic director or coach.

I certify the parents' home address listed on the reverse is my sole bona fide residence and that I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information on the reverse is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for the student named on this form to participate in any of the following LHSAA sports:

- | | | |
|---------------|--------------|-----------------|
| BASEBALL | GOLF | SWIMMING |
| BASKETBALL | GYMNASTICS | TENNIS |
| BOWLING | POWERLIFTING | TRACK AND FIELD |
| CROSS COUNTRY | SOCCER | VOLLEYBALL |
| FOOTBALL | SOFTBALL | WRESTLING |

Date: _____ Parent's Signature: _____

(Print Name) _____

Telephone No: () _____

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

| Yes No Condition Whom | Yes No Condition Whom | Yes No Condition Whom |
|--|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Heart Attack/Disease _____ | <input type="checkbox"/> <input type="checkbox"/> Sudden Death _____ | <input type="checkbox"/> <input type="checkbox"/> Arthritis _____ |
| <input type="checkbox"/> <input type="checkbox"/> Stroke _____ | <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> <input type="checkbox"/> Kidney Disease _____ |
| <input type="checkbox"/> <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia _____ | <input type="checkbox"/> <input type="checkbox"/> Epilepsy _____ |

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

| Yes No Condition Date | Yes No Condition Date | Yes No Condition Date |
|--|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Head Injury / Concussion _____ | <input type="checkbox"/> <input type="checkbox"/> Neck Injury / Stinger _____ | <input type="checkbox"/> <input type="checkbox"/> Shoulder L / R _____ |
| <input type="checkbox"/> <input type="checkbox"/> Elbow L / R _____ | <input type="checkbox"/> <input type="checkbox"/> Arm / Wrist / Hand L / R _____ | <input type="checkbox"/> <input type="checkbox"/> Back _____ |
| <input type="checkbox"/> <input type="checkbox"/> Hip L / R _____ | <input type="checkbox"/> <input type="checkbox"/> Thigh L / R _____ | <input type="checkbox"/> <input type="checkbox"/> Knee L / R _____ |
| <input type="checkbox"/> <input type="checkbox"/> Lower Leg L / R _____ | <input type="checkbox"/> <input type="checkbox"/> Chronic Shin Splints _____ | <input type="checkbox"/> <input type="checkbox"/> Ankle L / R _____ |
| <input type="checkbox"/> <input type="checkbox"/> Foot L / R _____ | <input type="checkbox"/> <input type="checkbox"/> Severe Muscle Strain _____ | <input type="checkbox"/> <input type="checkbox"/> Pinched Nerve _____ |
| <input type="checkbox"/> <input type="checkbox"/> Chest _____ | Previous Surgeries: _____ | |

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

| Yes No Condition | Yes No Condition | Yes No Condition |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Heart Murmur / Chest Pain / Tightness | <input type="checkbox"/> <input type="checkbox"/> Asthma / Prescribed Inhaler | <input type="checkbox"/> <input type="checkbox"/> Menstrual irregularities: Last Cycle: _____ |
| <input type="checkbox"/> <input type="checkbox"/> Seizures | <input type="checkbox"/> <input type="checkbox"/> Shortness of breath / Coughing | <input type="checkbox"/> <input type="checkbox"/> Rapid weight loss / gain |
| <input type="checkbox"/> <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> <input type="checkbox"/> Hernia | <input type="checkbox"/> <input type="checkbox"/> Take supplements/vitamins |
| <input type="checkbox"/> <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> <input type="checkbox"/> Knocked out / Concussion | <input type="checkbox"/> <input type="checkbox"/> Heat related problems |
| <input type="checkbox"/> <input type="checkbox"/> Single Testicle | <input type="checkbox"/> <input type="checkbox"/> Heart Disease | <input type="checkbox"/> <input type="checkbox"/> Recent Mononucleosi |
| <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> <input type="checkbox"/> Diabetes | <input type="checkbox"/> <input type="checkbox"/> Enlarged Spleen |
| <input type="checkbox"/> <input type="checkbox"/> Dizzy / Fainting | <input type="checkbox"/> <input type="checkbox"/> Liver Disease | <input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia |
| <input type="checkbox"/> <input type="checkbox"/> Organ Loss (kidney, spleen, etc) | <input type="checkbox"/> <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> <input type="checkbox"/> Overnight in hospital |
| <input type="checkbox"/> <input type="checkbox"/> Surgery | <input type="checkbox"/> <input type="checkbox"/> Prescribed EPI PEN | <input type="checkbox"/> <input type="checkbox"/> Allergies (Food, Drugs) _____ |
| <input type="checkbox"/> <input type="checkbox"/> Medications _____ | | |

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

1. If, in the judgment of a school representative, the named student athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary..... **Yes No**
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately..... **Yes No**
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school..... **Yes No**

This waiver, executed this _____ day of _____, 20____, by _____, M.D., D.O., APRN or PA and _____, student athlete, is executed in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence.

Typed or Printed Name of Student Athlete _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

| | | | |
|--------------|--------------|----------------------|-------------|
| Height _____ | Weight _____ | Blood Pressure _____ | Pulse _____ |
|--------------|--------------|----------------------|-------------|

GENERAL MEDICAL EXAM :

| | Norm | Abnl |
|--------------------|--------------------------|--------------------------|
| ENT | <input type="checkbox"/> | <input type="checkbox"/> |
| Lungs | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia (if Needed) | <input type="checkbox"/> | <input type="checkbox"/> |

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM

| | Norm | Abnl |
|-----------------------------|--------------------------|--------------------------|
| I. Spine / Neck | | |
| Cervical | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoracic | <input type="checkbox"/> | <input type="checkbox"/> |
| Lumbar | <input type="checkbox"/> | <input type="checkbox"/> |
| II. Upper Extremity | | |
| Shoulder | <input type="checkbox"/> | <input type="checkbox"/> |
| Elbow | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrist | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand / Fingers | <input type="checkbox"/> | <input type="checkbox"/> |
| III. Lower Extremity | | |
| Hip | <input type="checkbox"/> | <input type="checkbox"/> |
| Knee | <input type="checkbox"/> | <input type="checkbox"/> |
| Ankle | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

From this limited screening I see no reason why this student cannot participate in athletics

- Student is cleared
 Cleared after further evaluation and treatment for: _____
 Not cleared for: ___contact ___non-contact

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date _____

* This physical expires one year on the last day of the month that it was signed and dated by the MD, DO, APRN or PA. *

LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.

As an LHSAA athlete, I, _____, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, _____, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: _____

Student Athlete

Dated: _____

Parent/Guardian

Notes: Under LHSAA rules, once signed, this contract shall remain in effect for the remainder of the student's eligibility. This means the contract only has to be signed once by both the student and his/her parent or guardian but the terms remain in effect for the student's entire high school career.

According to the LHSAA By-Laws, without the signature of the student athlete and his/her parent/guardian, the student is ineligible to participate in interscholastic athletic contests at all levels of play in all LHSAA sports at all LHSAA schools until the signatures are obtained from both parties.

Any student participating in an interscholastic athletic contest(s) without a properly signed contract shall be classified as an ineligible student and both the student and school shall be penalized according to the LHSAA Penalty Code.

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested. Federal courts have consistently ruled participation in high school athletics is a privilege, not an educational right.

**Louisiana High School Athletic Association
Parent and Student-Athlete Concussion Statement**

- I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.
- I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

| Parent Initial | Student Initial | |
|----------------|-----------------|---|
| _____ | _____ | A concussion is a brain injury, which I am responsible for reporting to my coach , athletic trainer, or team physician. |
| _____ | _____ | A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance |
| _____ | _____ | You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. |
| _____ | _____ | If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician. |
| _____ | _____ | I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms. |
| _____ | _____ | Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve. |
| _____ | _____ | In rare cases, repeat concussions can cause permanent brain damage, and even death. |

| | |
|---------------------------------|-------|
| _____ | _____ |
| Signature of Student-Athlete | Date |
| _____ | |
| Printed name of Student-Athlete | |
| _____ | _____ |
| Signature of Parent/Guardian | Date |
| _____ | |
| Printed name of Parent/Guardian | |





A Parent's Guide to Concussion in Sports

What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness (“knocked-out”) to suffer a concussion.

Concussion Facts

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
- Concussions occur most frequently in football, but girl's lacrosse, girl's soccer, boy's lacrosse, wrestling and girl's basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to several months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

What are the signs and symptoms of a concussion?

SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES

Appears dazed or stunned

Is confused about what to do

Forgets plays

Is unsure of game, score, or opponent

Moves clumsily

Answers questions slowly

Loses consciousness

Shows behavior or personality changes

Can't recall events prior to hit

Can't recall events after hit

SYMPTOMS REPORTED BY ATHLETE

Headache

Nausea

Balance problems or dizziness

Double or fuzzy vision

Sensitivity to light or noise

Feeling sluggish

Feeling foggy or groggy

Concentration or memory problems

Confusion

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected to be able to “diagnose” a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:

When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department immediately.

When can an athlete return to play following a concussion?

After suffering a concussion, **no athlete should return to play or practice on that same day**. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity in such a short time.

Concerns over athletes returning to play too quickly have led state lawmakers in both Oregon and Washington to pass laws stating that **no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health-care professional before he or she are allowed to return to play in games or practices**. The laws also mandate that coaches receive education on recognizing the signs and symptoms of concussion.

Once an athlete no longer has symptoms of a concussion and is cleared to return to play by health care professional knowledgeable in the care of sports concussions he or she should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. On average the athlete will complete a new step each day. The return to play schedule should proceed as below following medical clearance:

Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.

Step 2: Running in the gym or on the field. No helmet or other equipment.

Step 3: Non-contact training drills in full equipment. Weight-training can begin.

Step 4: Full contact practice or training.

Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

How can a concussion affect schoolwork?

Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

In many cases it is best to lessen the athlete's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

What can I do?

- Both you and your child should learn to recognize the “Signs and Symptoms” of concussion as listed above.
- Teach your child to tell the coaching staff if he or she experiences such symptoms.
- Emphasize to administrators, coaches, teachers, and other parents your concerns and expectations about concussion and safe play.
- Teach your child to tell the coaching staff if he or she suspects that a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season’s sports.

Other Frequently Asked Questions

Why is it so important that an athlete not return to play until they have completely recovered from a concussion?

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. Such difficulties are prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return-to-sport or other at-risk participation when symptoms of concussion are present and recovery is ongoing.

Is a “CAT scan” or MRI needed to diagnose a concussion?

Diagnostic testing, which includes CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), they are not normally utilized, even by athletes who have sustained severe concussions. A concussion is diagnosed based upon the athlete’s story of the injury and the health care provider’s physical examination.

What is the best treatment to help my child recover more quickly from a concussion?

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms

lessen, you can allow increased use of computers, phone, video games, etc., but the access must be lessened if symptoms worsen.

How long do the symptoms of a concussion usually last?

The symptoms of a concussion will usually go away within one week of the initial injury. You should anticipate that your child will likely be out of sports for about two weeks following a concussion. However, in some cases symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful management of all concussions.

How many concussions can an athlete have before he or she should stop playing sports?

There is no “magic number” of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as how the injury happened and length of symptoms following the concussion, are very important and must be considered when assessing an athlete’s risk for further and potentially more serious concussions. The decision to “retire” from sports is a decision best reached following a complete evaluation by your child’s primary care provider and consultation with a physician or neuropsychologist who specializes in treating sports concussion.

I’ve read recently that concussions may cause long-term brain damage in professional football players. Is this a risk for high school athletes who have had a concussion?

The issue of “chronic encephalopathy” in several former NFL players has received a great deal of media attention lately. Very little is known about what may be causing dramatic abnormalities in the brains of these unfortunate retired football players. At this time we have very little knowledge of the long-term effects of concussions which happen during high school athletics.

In the cases of the retired NFL players, it appears that most had long careers in the NFL after playing in high school and college. In most cases, they played football for over 20 years and suffered multiple concussions in addition to hundreds of other blows to their heads. Alcohol and steroid use may also be contributing factors in some cases. Obviously, the average high school athlete does not come close to suffering the total number or shear force of head trauma seen by professional football players. However, the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each concussion.

Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports" materials by the NFHS's Sports Medicine Advisory Committee. Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm for more information.

If you have any further questions regarding concussions in high school athletes or want to know how to find a concussion specialist in your area please contact Michael C. Koester, MD, ATC and Chair of the NFHS Sports Medicine Advisory Committee at michael.koester@slocumcenter.com.

April 2010