



MOUNT HOREB MIDDLE SCHOOL

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Concussion Awareness and Sudden Cardiac Arrest Form

As a parent and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating you understand the importance of recognizing and responding to the signs, symptoms and behaviors of a concussion or head injury, as well as the information regarding Sudden Cardiac Arrest and certify that you have read, understand, and agree to abide by all of the information contained in this sheet.

Parent Agreement for Sport

I _____ have read the Parent Concussion and Head Injury Information and the Sudden Cardiac Arrest Information and understand. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice and/or play if a concussion or cardiac arrest is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion or cardiac arrest symptoms are reported to me.

I understand that my child cannot return to practice and/or play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice and/or play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement for Sport

I _____ have read the Athlete Concussion and Head Injury Information and the Sudden Cardiac Arrest Information.

I understand the importance of reporting a suspected concussion or cardiac arrest symptoms to my parents/guardian and my coaches.

I understand it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand I must be removed from practice and/or play if a concussion or cardiac arrest is suspected. I understand I must provide written clearance from an appropriate health care provider to my coach before returning to practice and/or play.

I understand the possible consequences of returning to practice and/or play too soon, and my brain needs to heal.

Athlete Signature _____ Date _____

Athlete Concussion and Head Injury Information

1. Before a student may participate in practice or competition: At the beginning of a season for youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity unless the person returns the information sheet signed by the person, and, if he or she is under the age of 19, by his or her parent guardian.
2. 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.
3. 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 written clearance to participate in the activity from the health care provider.

Concussions Symptoms

<u>Concussion Symptoms Visible to Others</u>	<u>Concussion Symptoms Felt by Athlete</u>
Dazed or stunned appearance Change in the level of consciousness or awareness Confused by assignments Forgets plays Unsure of score, game, opponent Clumsy Answers more slowly than usual Shows behavior changes Loss of consciousness Asks repetitive questions or memory concerns	Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of a concussion. However, if a player exhibits any signs or symptoms of a concussion, the responsibility is simple: "When in Doubt, Sit Them Out."

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

Return to Play

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 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 and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician who has experience treating concussions.

StepWise Program

This 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 his/her healthcare provider before progressing to the next level.

Step One: Approximately 15 minutes of light exercise to include 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

Wisconsin State Statute 118.293 Concussion and Head Injury

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(am) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a non-athletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3)

(a) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(b)

1. Notwithstanding par. (a), a public or private school is not required to distribute an information sheet to a pupil enrolled in the school who wishes to participate in a youth athletic activity operated by the school during a school year, and a pupil enrolled in the school may participate in that youth athletic activity without returning an appropriately signed information sheet for that activity, if the pupil has returned an appropriately signed information sheet for another youth athletic activity operated by the school during the same school year.

2. Notwithstanding par. (a), a private club is not required to distribute an information sheet to a person who wishes to participate in a youth athletic activity operated by the private club, and a person may participate in that youth athletic activity without returning an appropriately signed information sheet for the activity, if the person has returned an appropriately signed information sheet to the club within the previous 365 days.

(4)

(a) 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.

(b) A person who has been removed from a youth athletic activity under par. (a) 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.

(5)

(a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

History: [2011 a. 172](#); [2013 a. 93](#).

Sudden Cardiac Arrest Information

[Wis. Stat. § 118.2935](#)

Sudden cardiac arrest; youth athletic activities Sudden cardiac arrest (SCA), while rare, is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life-threatening. A family history of SCA at younger than age 50 or cardiomyopathy (heart muscle problem) places an athlete at greater risk. **Athletes should inform the healthcare provider performing their physical examination about their family's heart history.**

What is Sudden Cardiac Arrest?

Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs. **Cardiac arrest usually causes death if it is not treated with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) within minutes.**

Cardiac arrest is not the same as a heart attack. A heart attack occurs if blood flow to part of the heart muscle is blocked. During a heart attack, the heart usually does not suddenly stop beating. In cardiac arrest the heart stops beating.

What warning signs during exercise should athletes/coaches/parents watch out for?

- Fainting/blackouts (especially during exercise)
- Dizziness or Unusual fatigue/weakness
- Chest pain/tightness with exertion or Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)

Stop activity/exercise immediately if you have any of the warning signs of Sudden Cardiac Arrest.

Speak up and tell a coach and parent/guardian if you notice problems when exercising.

If an athlete has any warning signs of SCA while exercising, they should **seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes.

What are ways to screen for Sudden Cardiac Arrest (SCA)?

[WIAA Pre-Participation Physical Evaluation](#) – the Medical History form includes important heart related questions and is required every other year. Additional screening using an electrocardiogram and/or an echocardiogram may be done if there are concerns in the history or physical examination but is not required (by WIAA). Parents/guardians/athletes should discuss the need for specific cardiac testing with the medical provider performing the review of family history and physical evaluation or after experiencing warning signs of sudden cardiac arrest while exercising. The cost of the pre-participation physical and any follow up examinations or recommended testing including an electrocardiogram is the responsibility of the athlete and their parents/guardians. **Not all cases or causes of SCA in young athletes are detected in the history, examination, or with testing.**

What is an electrocardiogram, its risks, and benefits?

An electrocardiogram (ECG) is one of the simplest and fastest tests used to evaluate the heart. Electrodes (small, plastic patches that stick to the skin) are placed at specific spots on the chest, arms, and legs. The electrodes are connected to an ECG machine by wires. The electrical activity of the heart is then measured, interpreted, and printed out. No electricity is sent into the body. Risks associated with having an ECG are minimal and rare. The benefits include that it is an easy procedure to do, can be performed in many health care offices and it may detect heart conditions in children with no symptoms. **ECGs are good at detecting certain heart conditions that may increase risk for SCA but may not detect all such conditions.** If not performed correctly the information is not valid and may lead to more (unnecessary) testing and further examinations. ECGs should be interpreted by experts in reading ECGs in children (i.e., pediatric cardiologists). For more information, [view the Johns Hopkins Medicine - Electrocardiogram website.](#)

How may a student athlete and parent/guardian request the administration of an

electrocardiogram and a comprehensive physical examination? Athletes participating in WIAA sports are required to have a physical examination and review of family history every other year. Other youth sports have similar requirements. Although the cost of these medical examinations is the responsibility of the athlete's family many school districts can assist students to find low cost or no cost ways to obtain these examinations. Athletes should contact their school athletic director if they need assistance in getting

an examination. If an athlete has risk factors, family history of heart disease, or has had warning signs associated with sudden cardiac arrest while exercising, they should tell the medical provider performing the history and physical examination and discuss the possible need for an electrocardiogram.