

Parental Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Charleston County School District

Note to parents/guardians: As a parent or legal guardian of the student-athlete named below. I give permission for his/her participation in athletic events, physical evaluation for that participation, and permission to travel via transportation provided by the Charleston County School District. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, athletic trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. I understand that this is simply a screening evaluation and not a substitute for regular healthcare. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Please review the proposed dates of the games in which your child will be participating and fill in the information requested below.

TO BE COMPLETED BY PARENT/GUARDIAN

If you approve of your son / daughter participating in athletics, receiving any treatment deemed necessary for his/ her well being during participation, and permission to make trips affiliated with athletics. Please fill in the necessary information below, sign your name in the space provided, and return this form.

My son / daughter, _____ has my permission to participate in athletics, receive medical treatment deemed necessary, and travel via transportation provided by the Charleston County School District to all away games / events associated with the _____ athletic program for the **2019-2020** school year. Insert School Name Here

Parent/Guardian Name (print): _____

Telephone Number (where you can be reached at the time of the trip(s): _____

Insurance Type _____

Parent/Guardian Signature _____ Date _____

Student-Athlete Signature _____ Date _____

Note: Students will not be permitted to participate in any athletic sports practice/games/and or travel without a signed Parental Permission & Acknowledgement Form on file.

CHARLESTON COUNTY SCHOOL DISTRICT CONCUSSION MANAGEMENT PROTOCOL



Concussion Management is one of the most important and evolving parts of the Athletic arena, the Sports Medicine arena and a focal point of current local, state & national legislature. The Roper Saint Francis Sports Medicine team has partnered with the “Clinic of the Carolinas Trauma network” to help with the changing environment of concussion management and ways to improve concussion treatment in our communities. The program will act in accordance to the “Best Practices” Concussion Model as outlined through the CDC and ImPACT concussion management programs. ImPACT is a computerized tool to help access the cognitive functioning of an athlete. These tools are simply a resource and are *not a requirement*. Having a concussion management program at each school and school district is not only expected, but is now a state law. This type of program is most commonly brought to fruition by a Certified Athletic Trainer (which every school in Charleston County currently has), but should consist of and not be limited to: Principal, Athletic Director, Athletic Trainer, Head Coaches and school Nurse. These guidelines will be associated with the 2013-2014 South Carolina Concussion Management Bill, passed on 6/7/13. Guidelines of Bill A33, R65, H3061 were amended to include the requirement of a district policy.

OUTLINED IS THE BASIC CONCUSSION MANAGEMENT PROTOCOL ACCORDING TO THE CURRENT BEST PRACTICES

The ImPACT program and SCAT5 clinical diagnostic forms will be the basis of the program structure and used to aid in effective, safe and monitored concussion treatment.

- 1) Baseline Cognitive Testing (each athlete from the recommended sports [football, soccer & lacrosse] will take the ImPACT baseline test prior to the season)
- 2) Removal from activity *immediately* if concussion is suspected
- 3) Evaluation/observation (clinical assessment with SCAT5 by the Athletic Trainer)
- 4) Follow-up Cognitive Testing (ImPACT given again to give a score to compare with baseline)
- 5) Return to activity: Once athlete is asymptomatic (no symptoms) they will begin **graduated return to play protocol** and **MUST BE CLEARED BY A PHYSICIAN** ******(clearance may be obtained BEFORE the return to play protocol)**

Rest: Athlete should rest until symptom free for 24 hrs i.e. no headache, dizziness, etc

Return to Play protocol:

DAY 1. Athlete should do light activity that increases heart rate to between 50-70% of their max heart rate, this includes stationary bike or brisk walking. The heart rate should stay in between this range for 15 minutes.

DAY 2. Athlete should increase heart rate to above 70%. Include agility drills such as 4 cone drills, carioca, ladder drills, jumping jacks

DAY 3. Sport Specific Non contact drills: Athlete should be included in sport specific drills and weight training should be increased.

DAY 4. Monitored return to activity: Athlete should be watched in contact situations for symptoms to return

DAY 5. Return to Full contact

REMINDERS & SUMMARY: (ALL IN ACCORDANCE WITH STATE CONCUSSION BILL)

-Removal, duration, and return to play is ONLY determined by absence of symptoms -Best practices state that ImPACT testing and the use of clinical SCAT5 diagnostics are the gold standard for concussion management -Every coach must discuss proper form with their designated team (especially in regards to football tackling) to help avoid compromising situations where concussions generally occur -Each parent and student-athlete must be given or have access to concussion information so that they may be educated on current prevention and treatment methods

- CONCUSSION EVALUATION MAY ONLY BE PERFORMED ONLY BY AN ATHLETIC TRAINER, PHYSICIAN OR NURSE PRACTITIONER. CLEARANCE BY A PHYSICIAN IS REQUIRED FOR RETURN TO PLAY IF ATHLETE IS REMOVED FROM PLAY DUE TO A CONCUSSION.

STUDENT NAME:

PARENT SIGNATURE:

DATE:

STUDENT SIGNATURE:

DATE: