

Many students within St. Maries Joint School District No. 41 participate in extra-curricular activities of a nature whereby physical injury may result. Though the District takes care to ensure all extra-curricular activities are as safe as practicable, it is not possible to remove all danger from such activities, and the District acknowledges that concussions may result. The purpose of this Policy is to address situations in which student concussions have occurred or are suspected to have occurred.

This Policy only applies to organized athletic leagues or sports in which any District student participates as an athlete or youth athlete. For the purposes of this Policy, athlete or youth athlete means an individual who is eighteen (18) years of age or younger and who is a participant in any middle school, junior high school, or high school athletic league or sport. A school athletic league or sport shall not include participation in a physical education class.

PRE-SEASON EDUCATION

The Administration and coaches will work to ensure that athletes, youth athletes, parents, volunteers, and assistant coaches are educated about concussions. Prior to being allowed to engage or participate in any school athletic league or sport:

1. Each student desiring to participate in such school athletic leagues or sports, and the student's parents or guardians, shall be provided notice of and/or copies of any concussion guidelines or information available from the State Department of Education and the Idaho High School Activities Association, and also this Policy.
2. Each student desiring to participate in such school athletic leagues or sports, and the student's parents or guardians, shall acknowledge that they have been provided the guidelines or information available from the State Department of Education and the Idaho High School Activities Association, as well as this Policy, and have had the opportunity to review and have reviewed such information. Further, each student and the student's parents or guardians shall sign an applicable waiver for participating in such school athletic leagues or sports.
3. The signed waiver and acknowledgement of review of the appropriate information shall be returned to the District.
4. Coaches, referees, game officials, game judges, and athletic trainers shall be provided with a copy of notice of any concussion guidelines or information available from the State Department of Education and the Idaho High School Activities Association. All coaches, referees, game officials, game judges, and athletic trainers shall review such information upon employment and biannually thereafter. This information will also be made available to the general public through the District website.

5. The athlete will be required to obtain a pre-season baseline concussion (or similar) test before being allowed to participate in a school athletic league or sport. Such test must be performed at least once annually and shall be at the student's expense. The District must be provided with written confirmation that the test was completed by a qualified and trained health care professional, though the results of the testing shall not be provided to the District.

Athletes will not be allowed to participate in school athletic leagues or sports until the above requirements are met.

PROTOCOL ON SUSPECTED CONCUSSION

If, during any school athletic league or sport practice, game, or competition, an athlete exhibits signs or symptoms of a concussion, makes any complaint indicative of a possible concussion, or a coach, assistant coach, volunteer coach, or other School District employee has reason to believe a concussion has occurred, such student shall be removed from play or participation in the practice, game, or competition. According to the Centers for Disease Control and Prevention, and for the purposes of this Policy, signs observed by coaching staff which could be indicative of a concussion include the following, if the athlete:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall

According to the Centers for Disease Control and Prevention, and for the purposes of this Policy, symptoms reported by the athlete which could be indicative of a concussion include:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry visions
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems

- Confusion
- Does not “feel right” or is “feeling down”

Coaches should not try to judge the severity of the injury themselves. Health care professionals have a number of methods that they can use to assess the severity of concussions. Coaches should record the following information, if possible, to help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

Athletes may not be returned to play or participate in any student athletic league or sport (except on an administrative basis, such as team manager), until and unless the athlete has been evaluated and is authorized to return to play or participate by a qualified health care professional who is trained in the evaluation and management of concussions, including a physician or physician’s assistant licensed under Chapter 18, Title 54, Idaho Code, an advanced practice nurse licensed under Idaho Code 54-1409, or a licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under Chapter 18, Title 54, Idaho Code. Such authorization must be in writing and must be provided to the District prior to the student being returned to play. If the authorization is signed by a licensed health care professional trained in the evaluation and management of concussions, such authorization must also be countersigned by the directing physician.

Policy Cross Reference:

Legal Reference:

Idaho Code §33-1625

Youth Athletes – Concussion and Head Injury Guidelines, Title 54, Chapter 18 Idaho Code

Other Reference:

<http://www.idhsaa.org/concussions/default.asp>

<http://www.cdc.gov/concussion/sports/index.html>

<http://www.cdc.gov/concussion/sports/recognize.html>

Policy History

Reviewed: 10/08/2012

Reviewed: 11/12/2012

Reviewed: 12/10/2012

Adopted: 12/10/2012

ACKNOWLEDGEMENT OF RECEIPT OF CONCUSSION GUIDELINES

Parent's/Guardian's Signature

I, (print name) _____, acknowledge that I am the parent or guardian of the student named below, that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 504.13, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletic leagues or sports is dangerous, and hereby agree to waive all liability against St. Maries Joint School District No. 41, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

Signature

Date

Student's Signature

I, (print name) _____, acknowledge that I am a student of St. Maries Joint School District No. 41, or otherwise am allowed to participate in school athletic leagues or sports, that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 504.13, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletic leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

Signature

Date

NOTE: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school athletics leagues or sports.

AUTHORIZATION TO RETURN TO PLAY OR PARTICIPATE IN STUDENT SPORTS

I hereby state that I am a:

_____ Physician licensed pursuant to Chapter 18, Title 54, Idaho Code

_____ Physician’s Assistant licensed pursuant to Chapter 18, Title 54, Idaho Code

_____ Advanced Practice Nurse licensed under Section 54-1409, Idaho Code

_____ A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician licensed under Chapter 18, Title 54, Idaho Code. My directing physician is _____, and his/her license number is _____, and address is _____.

I further state that I have met with _____ (hereinafter referred to as “student athlete”) to evaluate the student athlete for a concussion. I have discussed with the student athlete the potential ramifications of continuing to play sports after having received a concussion or exhibiting concussion-like symptoms. I am satisfied that the student athlete can return to play and/or participate in school athletics leagues or sports without significant likelihood of danger or injury, and I therefore authorize student athlete to return to play and/or participation in school athletics leagues or sports.

Signature

Date

License No.

Address

City

State

Zip

Signature of Directing Physician
(if signed by a Licensed Health
Care Professional)

Date