



Athlete Information



Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: M F Age: _____ Date of Birth: _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT: _____ Date: _____

Signature of PARENT/GUARDIAN or 18-Year-Old: _____
Date: _____

Sports Participating in for 2018-2019 School Year (circle):
Football Soccer Swim Cross Country Golf Tennis Volleyball Dance
Sideline Cheer Basketball Bowling Hockey Wrestling Softball Tennis
Baseball Comp. Cheer Lacrosse Pompon Track



EMERGENCY INFORMATION



Student's Name: _____ Grade: _____

Sports: _____ Birthdate: _____

Parent #:(cell) _____ (hm) _____ (wk) _____

In an emergency, contact:

#1) _____ Phone _____ or _____

#2) _____ Phone _____ or _____

Family Doctor _____ Phone _____

Preferred Hospital _____

Insurance Company _____ Policy # _____

Please detail any special medical information (asthma, allergies, diabetes, known drug reactions, current prescribed medications, etc.) _____

Do they self carry any emergency medications? (EpiPen, Asthma Inhaler, Glucagon, etc.) _____



DAVISON COMMUNITY SCHOOLS



Medical Treatment Consent

I, _____, the parent/guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

Parent/Guardian Signature: _____ Date: _____



Davison Community Schools

Where Kids Come First and Futures Begin

Administrative Offices

1490 N. Oak Road

Davison, Michigan 48423

August 2018

Dear Parents or Guardians:

Michigan recently became the 39th state to enact a law requiring all school districts and sports-related organizations to provide educational materials about concussion awareness and the risks of concussions to each student. The law also required parents or guardians to sign a form acknowledging that they have received Concussion Awareness information from the school district. This signed form must be kept on file with the district until the student turns 18.

Attached to this letter, please find educational material about concussion awareness and a Concussion Awareness Educational Material Acknowledgement Form. Please take a few minutes to read and sign the attached materials so that they may be returned to school and placed in your child's file in order to comply with the law.

Concussions are a very serious brain injury caused by a blow, bump or jolt to the head. According to the Centers for Disease Control, U.S. emergency rooms annually treat an estimated 173,285 sports and recreation-related concussions among children and adolescents, with the highest number of injuries occurring in boys' football and girls' soccer.

For more information about concussions or the new Concussion Awareness law, please contact your child's building principal or my office at 591-0913. The Michigan Department of Community Health has also launched a very helpful website with resources for coaches, parents and athletes at www.michigan.gov/sportsconcussions.

Sincerely,

Holly Halabicky
Executive Director of Student Services

JD\Letters\Concussion Letter to Parents 2018

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Superintendent
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Fax (810) 591-7813

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Assistant Superintendent
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UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache Pressure in the Head Nausea/Vomiting Dizziness	Balance Problems Double Vision Blurry Vision Sensitive to Light	Sensitive to Noise Sluggishness Hazy Foggy Grogginess	Poor Concentration Memory Problems Confusion "Feeling Down"	Not "Feeling Right" Feeling Irritable Slow Reaction Time Sleep Problems
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WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

1. **SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
2. **KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

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

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

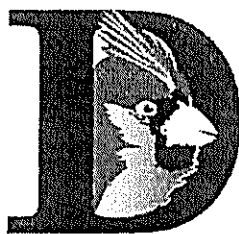
HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form



CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Davison Community Schools.

Student Name Printed

Parent or Guardian Name Printed

Student Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the school in which your student attends. The district will keep this form on file for the duration of participation or age 18.

Students and parents please review and keep the educational materials available for future reference.

Parent Notification Record of Incident at School

Date: _____ Notification made to: _____ Notification made by: _____

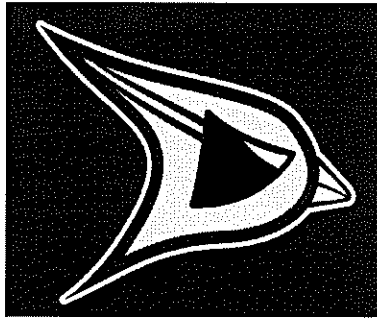
Date: _____ Notification made to: _____ Notification made by: _____

Date: _____ Notification made to: _____ Notification made by: _____

Date: _____ Notification made to: _____ Notification made by: _____

Davison Athletic Handbook Receipt Acknowledgement Form

**Please complete and return to your coach or athletic office.*



I, (Print Name Clearly) _____
acknowledge receipt of the 2018-2019 Davison Athletic Student/Parent
Handbook.

Athlete Signature

Date

Sport