

**ANTHONY WAYNE HIGH SCHOOL  
ATHLETIC CODE OF CONDUCT**

**INFORMED CONSENT FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**AS A STUDENT:**

- I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Athletic Code of Conduct.
- I have read the Code of Conduct and thoroughly understand the consequences that I will face if I do not honor my commitment to the Code of Conduct.
- I agree to assume full responsibility for all equipment issued to me, and to confine the use of that equipment to practice, games or meets.
- I further agree to pay for any and all equipment that I may lose, misplace or damage through carelessness or intent.
- I understand and realize that there is risk of injury in participating in athletic activities.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**As a Parent/Guardian**

- I have read the Code of Conduct and understand the responsibilities of my son/daughter as a participant in athletic activities in Anthony Wayne Schools.
- I understand and realize that there is risk of injury to my student athlete in participating in athletic activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This agreement must be signed and on file in the Anthony Wayne  
Athletic Office before a student may participate in athletic events  
for the Anthony Wayne Schools.**

Anthony Wayne Local Schools

Dear Parents/Guardians:

In your packet you will find all the forms needed to allow your son/daughter to participate in AW athletics. Please read the entire booklet and simply check and sign the information below. This page, along with the Emergency Medical Form, must be returned to the coach immediately. Individual coaches may require other forms.

Thank you for your help.

John Snyder  
Athletic Director

ATHLETIC CHECK OFF SHEET

Name of Athlete \_\_\_\_\_ Grade \_\_\_\_\_

Sport/Season/Year \_\_\_\_\_

- 1. \_\_\_\_\_ We have read the Anthony Wayne High School Athletic Code.
- 2. \_\_\_\_\_ We have read the Anthony Wayne High School Insurance Release Form and are insured through: (Policy number must be listed with company name or form will be returned.)

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_ I do not have insurance and will purchase a plan offered by the district or a similar plan approved by the Board of Education prior to the start of the Athletic Season. (See reverse side.)

- 3. \_\_\_\_\_ I have been informed of the risks involved with my child participating in the sport listed above and give my permission (by signing below) for this participation. (Permission/Acknowledgement for Interscholastic Sports).

I/We further assume full responsibility for any injuries or damages which may occur to the named student, and hereby fully and forever release and discharge any covenant to hold harmless, indemnify and repay any sums paid by the Board of Education of the Anthony Wayne Local Schools and/or its members, officers, employees, agents and its or their heirs, successors, executors and assigns from or for any and all claims, demands, damages, rights of actions or causes of action present or future, whether the same as known or unknown, anticipated or unanticipated, resulting or arising from or incident to the student's participation in the named activity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

# Ohio Department of Health Concussion Information Sheet

## *For Interscholastic Athletics*

### Acknowledgement of Having Received the "Ohio Department of Health's Concussion and Head Injury Information Sheet"

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

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Athlete

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Date

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Parent/Guardian

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Date



Rev. 02.13

# Ohio Department of Health Concussion Information Sheet

## For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

#### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ◆ *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not "feel right."*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



OHIO INJURY PREVENTION  
PARTNERSHIP  
Child Injury Action Group

3/18/13 7:30 AM

- Returning to Daily Activities**
1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
  2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
  3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
  4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
  5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

**Returning to School**

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

- Returning to Play**
1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
  2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
  3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
  4. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
  5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

**Sample Activity Progression\***

- Step 1:** *Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).*
- Step 2:** *Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).*
- Step 3:** *Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).*
- Step 4:** *Full contact in controlled practice or scrimmage.*
- Step 5:** *Full contact in game play.*

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

**Resources**

ODH Violence and Injury Prevention Program  
[www.healthyohio.org/vipp/injury.aspx](http://www.healthyohio.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)



**Ohio Department of Health**  
 Violence and Injury Prevention Program  
 246 North High Street, 8th Floor  
 Columbus, OH 43215  
 (614) 466-2144