

Fairbanks North Star Borough School District  
**SPORTS PHYSICAL FORM**

**PART A: To Be Filled Out by the Athlete**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Parents: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Position(s): \_\_\_\_\_ Coach (es): \_\_\_\_\_

Please check if you have had any problems in the following areas:

<input type="checkbox"/> Concussion, "Knocked Out"	<input type="checkbox"/> Neck Injury	<input type="checkbox"/> Back Injury, Pain
<input type="checkbox"/> Shoulder Injury	<input type="checkbox"/> Arm, Elbow, Hand Injury	<input type="checkbox"/> Knee Injury, Popping
<input type="checkbox"/> Groin, Thigh, Leg Injury	<input type="checkbox"/> Ankle, Foot Injury	<input type="checkbox"/> Swelling, Pain, Locking or giving way

Yes	No	
_____	_____	Have any members of your family under the age of 40 had a "heart attack" or sudden death?
_____	_____	Have you ever had chest pain while exercising or passed out?
_____	_____	Do you have coughing, wheezing, or severe shortness of breath with exercise?
_____	_____	Are you taking any medication?
_____	_____	Do you have any allergies?
_____	_____	Have you had ear problems or difficulty hearing?
_____	_____	Do you wear glasses or contact lenses?
_____	_____	Have you ever had any discomfort in your groin (hernia)?
_____	_____	Have you ever had any illness or injuries that required hospitalization, surgery, or repeated visits to the doctor?

**PART B: To be Filled Out by the Physician**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
 Eye: R 20/\_\_\_\_ L20/\_\_\_\_ Ears \_\_\_\_\_ Skin: \_\_\_\_\_ Lungs: \_\_\_\_\_  
 Heart \_\_\_\_\_ Abdomen \_\_\_\_\_ Neurologic: \_\_\_\_\_ Urinalysis (if indicated) \_\_\_\_\_

<u>MEDICAL FINDINGS</u>	<u>RECOMMENDATIONS</u>
_____	_____ Follow up with athlete's physician
_____	_____ Other

<u>MUSCULOSKELETAL</u>	<u>RECOMMENDATIONS</u>
_____ Neck Weakness	_____ Strengthening Exercises, Neck
_____ Shoulder Weakness	_____ Neck Roll (equipment)
_____ Shoulder Injury	_____ Strengthening Exercises, Shoulder
_____ Scoliosis	
_____ Tight Hamstring	_____ Hamstring Stretching
_____ Tight Groin Muscle	_____ Groin Stretching
_____ Worn Knee Cap	_____ Quadriceps Strengthening
_____ Knee Injury; ligament, cartilage	_____ Knee Brace
_____ Tight Achilles Tendon	_____ Achilles Stretches
_____ Weak Ankles	_____ Strengthening Exercises, Ankles
	_____ Tape or Wrap Ankles
	_____ Referral to Orthopedist
	_____ Referral to Athletic Trainer
	_____ Other

I certify on this date I have examined and find him/her physically able to compete in supervised activities with restrictions as noted:

Restrictions: \_\_\_\_\_

PHYSICIAN'S SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_  
 PHYSICIAN'S NAME (Please print) \_\_\_\_\_



**Student and  
Parent / Guardian**

# Activity Consent & Emergency Medical Info. Form

*for ASAA or Approved Interscholastic or Extracurricular Activities*

Name of Activity \_\_\_\_\_

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

**Parent/ Guardian Permission to Participate:**

I hereby give permission for the above-named student to engage in ASAA or Fairbanks North Star Borough School District approved interscholastic activities as a representative of his/her school. I also give my consent for this student to accompany the team or group as a member on its out-of-town trips

Activities Handbook, and the coach and school rules and regulations. The coach may add specific rules and regulations for his/her sport/activity. These rules and regulations may be presented verbally or in written form. I understand that the student will not be permitted to participate until both the parent and the student have provided any required *Verification of Receipt of Information Concerning Concussion*.

**Parent/ Guardian Medical Consent:**

I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, qualified athletic trainer, other qualified medical professional, or hospital in the event of an injury or illness. I hereby accept financial responsibility of the above student in the event of injury or illness. I hereby waive on behalf of myself and the above student any liability of the Fairbanks North Star Borough School District and its offices, agents, or employees for injuries sustained in the interscholastic program.

**Parent/ Guardian and Student Risk Awareness Verification:**

I understand and acknowledge that organized secondary athletics involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

**Parent/ Guardian and Student Rule Awareness verification:**

I hereby consent to abiding by the ASAA rules and regulations including the ASAA Code of Conduct, the Fairbanks North Star Borough School District regulations including those in the Student

**Hazing Awareness Pledge:**

I promise not to be involved in any hazing/ harassment incident, no matter how minor it may seem. I understand that I may be suspended or expelled from the team and/or school for any incident as a result of my participation or being an idle witness.

**EMERGENCY MEDICAL AND CONSENT INFORMATION (PLEASE PRINT CLEARLY)**

Student Name		Parent/ Guardian Name for above-listed student	
Mailing Address		Residence Address	
Parent/ Guardian Phone #s	Home Phone	Work Phone	Cell Phone
Emergency Contact if parent/ guardian is not available:	Name of Contact		Phone
Name of Student's Medical Doctor			Phone
Name of Student's Dentist			Phone
Name of Insurance Co.		Policy Number	
Any Medical Conditions?			
Any Medications?			
Any Allergies?			
<p><b>In case of any medical emergency, I authorize a school district employee or agent to take my son/ daughter to the nearest medical facility for necessary treatment. We, the undersigned, acknowledge that we have read and understand all aspects of this form, including all the above parts and grant permission and consent as required. I hereby authorize release of the above student's required physical examination record to the school in which the student is enrolled. This confidential information may be shared with the coach, activities coordinator, athletic trainer or other health care professional who provides services to the student pursuant to above medical consent. I verify that the information provided is true and complete.</b></p>			

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

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



# FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 FIFTH AVENUE FAIRBANKS, ALASKA 99701-4756 (907) 452-2000

www.k12northstar.org



## PARENT AND STUDENT VERIFICATION OF RECEIPT OF INFORMATION CONCERNING CONCUSSIONS Administrative Regulation 1062.4, Appendix A

In accordance with AS 14.30.142, the school district requires that each student, and each minor student's parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the district. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled "A Parent's Guide to Concussions in Sports." Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes." Students who are 18 years of age or older will also be provided with the Parent's Guide. Other suitable age appropriate documentation fulfills this requirement.

Parents and students should review this information, discuss it at home, and direct any questions to the student's coach, school principal or athletic activities coordinator.

### STUDENT ACKNOWLEDGEMENT (required for all athletes)

I acknowledge that I have received a copy of "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes" and understand its contents.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

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

### PARENT/GUARDIAN/ELIGIBLE STUDENT ACKNOWLEDGEMENT (Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

I acknowledge that I have received a copy of "A Parent's Guide to Concussions in Sports" and understand its contents.

\_\_\_\_\_  
Parent/Guardian/Eligible Student Signature

\_\_\_\_\_  
Print Name

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

Administrative Regulation 1062.4, Appendix A  
Parent and Student Verification of Receipt of Information Concerning Concussions  
**Direction to School: Maintain signed copy on file.**

# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

### Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

### What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, 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.

### What should I do if I think I have a concussion?

**DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

**GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

**TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

### How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

### If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

**It's better to miss one game than the whole season.**

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



# ASAA Parent's Guide to Concussions In Sports (rev 5/20/12)

## What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. The injury occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a direct or indirect force. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion. In fact only 3-10% of concussions do produce loss of consciousness.

## Concussion Facts

- It is estimated that over 250,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System, 2010-2011). The CDC estimates 5.5 million sports concussions occur annually in the United States (CDC, 2011)
- Concussions occur most frequently in hockey and football, but girls' soccer, boys' soccer, and girls' basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to many months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports when still having symptoms from a concussion as they are at risk for prolonging symptoms and at risk for sustaining additional, more serious, brain injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to recognize.

## What are the signs and symptoms of a concussion?

### SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES

Appears dazed or stunned

Is confused about what to do

Forgets plays

Is unsure of game, score, or opponent

Moves clumsily

Answers questions slowly

### SYMPTOMS REPORTED BY ATHLETE

Headache

Nausea

Balance problems or dizziness

Double or fuzzy vision

Sensitivity to light or noise

Feeling sluggish

Loses consciousness

Shows behavior or personality changes

Can't recall events prior to hit

Can't recall events after hit

Feeling foggy or groggy

Concentration or memory problems

Confusion

## **What should I do if I think my child has had a concussion?**

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents, coaches, and officials are not expected to be able to “diagnose” a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion. And, if you suspect a concussion, then your child must stop playing:

### **When in doubt, sit them out!**

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department.

## **When can an athlete return to play following a concussion?**

After suffering a concussion, **no athlete should return to play or practice on that same day.** Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity safely in such a short time.

Concerns over athletes returning to play too quickly have led state lawmakers, in Alaska and most other states, to pass laws stating **that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play in practices or games.** The laws also mandate that coaches receive education on recognizing the signs and symptoms of concussion.

Only when an athlete has been completely free of concussion symptoms for 24 hours, are they eligible to be cleared to begin the Return to Play Protocol. The athlete should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. There is a minimum of 24 hours between steps in the Protocol.

Some athletes complete one step each day. An individual athlete may be guided through the Protocol more slowly if they are at risk for prolonged concussion or additional brain injury. If symptoms recur during exercise, then exercise is ended and begins the next day at the preceding day's level.

## Concussion Return to Play Protocol (ASAA, 2/18/2012)

- **Symptomatic Stage:**
  - Physical and Cognitive Rest.
  - Then Incremental Cognitive Work, without Provoking Symptoms.
  - **If no symptoms, then:**
- **Day 1:**
  - Begin when symptom free for 24 hours.
  - 15 min **light aerobic** activity (walk, swim, stationary bike, no resistance training).
  - **If no symptoms, then:**
- **Day 2:**
  - 30 min **light-mod aerobic** activity (jog, more intense walk, swim, stationary bike, no resistance training).
  - **Start PE Class** at previous day's activity level.
  - As RTP Protocol activity level increases, PE activity level remains one day behind.
  - **If no symptoms, then:**
- **Day 3:**
  - 30 min **mod-heavy aerobic** activity (run, swim, cycle, skate, Nordic ski, no resistance training).
  - **If no symptoms, then:**
- **Day 4:**
  - 30 min **heavy aerobic** (hard run, swim, cycle, skate, Nordic ski).
  - 15 min **Resistance Training** (push-up, sit-up, weightlifting)

- **If no symptoms, then:**
- **Day 5:**
  - **Return to Practice, Non-contact Limited Participation** (Routine sport-specific drills).
  - **If no symptoms, then:**
- **Day 6:**
  - **Return to Full-Contact Practice**
  - **If no symptoms, then:**
- **Day 7:**
  - **Medically Eligible for Competition when completes RTP Protocol and is cleared by Healthcare Professional**
  - **ASAA Eligibility Criteria** must be met before return to competition.

**If symptoms recur at any step, the athlete should cease activity and be re-evaluated by their health care provider.**

### **How can a concussion affect schoolwork?**

Following a concussion, many athletes have difficulty with cognitive work: thinking, focusing attention, calculating, attending school, doing homework, taking tests. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

Following concussion, athletes should begin with a period of rest, in which they avoid cognitive work. As concussion symptoms diminish and the athlete feels able, he/she can begin trials of cognitive work, e.g. reading, texting, computer, TV, videos, school. The introduction of cognitive work should be in short increments which increase progressively in length, so long as symptoms do not recur or worsen with the work. For example, start with 30 minutes of computer time, and, if symptoms do not worsen, try one hour later in the day. If several hours of cognitive work are well tolerated at home, try attending a half day of school. When a full day of school is tolerated add homework.

Academic accommodations may be necessary for students attempting to attend school when they still have concussion symptoms. In many cases it is best to lessen the athlete's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. If cognitive work at any time provokes or exacerbates symptoms, then the work should be discontinued and there should be cognitive rest until the



symptoms subside. The student can attempt to advance cognitive work again on the day following resolution of the increased symptoms.

### **What can I do?**

- Learn to recognize the “Signs and Symptoms” of concussion as listed above.
- Emphasize to administrators, coaches, and other parents your concerns and expectations about concussion and safe play.
- Teach your athlete to tell the coaching staff if the athlete suspects that they or a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year or over the summer to appropriate school staff. This will help in monitoring and protecting injured athletes as they move to the next season’s sports.

### **Why is it so important that an athlete not return to play until they have completely recovered from a concussion?**

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. The risk of such difficulties is diminished if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return-to-sport or other physical activity when symptoms of concussion are present.

### **Is a “CAT scan” or MRI needed to diagnose a concussion?**

Diagnostic imaging tests, which include CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), the tests are typically normal, even in athletes who have sustained a severe concussion. A concussion is diagnosed based upon the athlete’s story of the injury and a physical examination.

### **What is the best treatment to help my child recover more quickly from a concussion?**

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms

lessen, you can allow increased access to computers, video games, etc., but the access must be lessened if symptoms worsen.

### **How long do the symptoms of a concussion usually last?**

The symptoms of a concussion will usually go away within two weeks of the initial injury. However, in some cases, symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms and disability underscores the need for careful management of all concussions.

### **How many concussions can an athlete have before he or she should stop playing sports?**

There is no “magic number” of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as mechanism of injury and length of symptoms following the concussion, are very important and must be considered when assessing an athlete’s risk for further and potentially more serious concussions. The decision to “retire” from sports can only be reached following a thorough review of the athlete’s concussion history, coupled with a thorough and frank discussion between you, your doctor, and your child.

### **I’ve read recently that concussions may cause long-term brain damage in professional athletes. Is this a risk for high school athletes who have had a concussion?**

The issue of “chronic encephalopathy” in some former NFL and NHL players has received much media attention. Very little is known about what may be causing dramatic abnormalities in their brains. These players had long professional careers after playing in high school and college. In most cases, they played more than 20 years and suffered multiple concussions in addition to thousands of other blows to their heads. Alcohol, steroid, and other drug use may also have contributed to the brain changes. The average high school athlete does not accumulate nearly the number of potentially injurious blows to the brain as a professional player. But we know that the teenage brain is much more vulnerable to injury and to more severe injury than the older brain. And the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each and every concussion.

### **What will happen when my child completes the Return To Play Protocol?**

When the Return to Play Protocol has been successfully completed, the athlete will be examined by the responsible healthcare provider. Additional tests may be appropriate. The provider will sign a medical clearance to resume competition. The Return To Play Protocol together with medical examination is the

internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Completing the Return to Play Protocol and medical examination does not mean that the brain has fully recovered from concussion or that there is not risk in returning to competition. But it is the safest way that physicians know at this time. Participation in athletics is accompanied by risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at increased risk for another head injury. Once the athlete is medically eligible to return to competition, the parent and athlete will be asked to sign a consent, accepting the risk in returning to play.

Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports," from materials by the OSAA's Medical Aspects of Sports Committee and from materials prepared by the NFHS Sports Medicine Advisory Committee. Please go to [www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm) or [www.nfhs.org](http://www.nfhs.org) for more information.

If you have any further questions regarding the policies and procedures for managing concussions in Alaska student athletes or want to know how to find a concussion specialist in Alaska, please visit the Alaska School Activities Association website, [asaa.org](http://asaa.org), and your school district website.