



NMAA

New Mexico Activities Association

CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not “feel right”

Observed by the Parent / Guardian

- 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 behavior or personality changes
- Can’t recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

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

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER THE SB1

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of one week..
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 1 AND BRAIN INJURIES

Senate Bill 1:

www.nmact.org

-or-

<http://legis.state.nm.us/Sessions/10%20Regular/final/SB0001.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/sportsmed.aspx>

www.cdc.gov/ConcussionInYouthSports

www.stopsportsinjuries.org/concussion

<http://>

www.ncaa.org



SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of the New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

**APIAL MEDICAL HISTORY REPORT
FOR RESPECTIVE SCHOOL NURSE'S OFFICE AND FOR ATHLETIC PARTICIPATION**

School Name _____.

NOTE TO PARENTS/GUARDIANS: Please fill in the information requested below for our health records. When you have completed this Medical History Report, please ask your family health care provider to complete the Health Report on the back of this page. Return the completed reports to the school **no later than the second week of the school year.** **A copy of an updated shot record is required for all incoming 7th graders.** *All medical records are kept strictly confidential.*

Student's Name _____ Birth date _____ Grade _____
 Parent/Guardian's Name _____ Relationship _____
 Parent/Guardian's Phone Numbers: Home _____ Cell _____ Work _____
 Physician's Name _____ Phone _____
 Dentist's Name _____ Phone _____
 Insurance Plan _____ Phone _____

(Please attach proof of insurance)

Has the student ever had any of the following?

	Y	N		Y	N		Y	N
Asthma or lung disease			Seizures, fits or convulsions			Electroencephalogram (EEG)		
Allergies (list below)			Diabetes			Anemia		
Hearing difficulty in either ear			Spells of blurred vision or fuzzy vision or spots in front of eyes			Treatment for meningitis or bleeding		
Heart disease			Other vision difficulties			Wears contact lenses		
Behavior difficulty			Dental bridge or false teeth			Concussion or head injury		
Fainting spells			Pain in neck or stiff neck			Slipped disc or pinched nerve		
Defect of the spine or any other part of the body			Pain in shoulder blades			Tetanus toxid & booster inoculation within the past ten years		
Rheumatic fever			Numbness or tingling of hands or feet			An illness lasting more than a week Date:		
Kidney trouble			Weakness or paralysis of hand or leg			Presently under a physician's care		
List recent surgeries			Injuries requiring medical attention Date:			List current medications		

Please list allergies and any further comments:

I have reviewed this medical history report and, to the best of my knowledge, it is accurate. In signing this form, I authorize the school administration to provide medically necessary information about my child to those persons who have a need-to-know.

Parent/Guardian Signature

Date

**APIAL MEDICAL HISTORY REPORT
FOR RESPECTIVE SCHOOL NURSE'S OFFICE AND FOR ATHLETIC PARTICIPATION**

School Name _____.

Student's Name _____ Grade _____

To the Health Care Provider:

Please check "yes" or "no" to the questions below. If "yes" is checked, would you also specify your recommendations to the school in the space provided below. Also, please note vision test results.

- | | <u>NO</u> | <u>YES</u> |
|--|------------------|-------------------|
| 1. Is there any defect of vision, hearing, or speech for which the school could compensate by special seating or other action? | ___ | ___ |
| 2. Is there any physical defect, including nutritional status, which would limit the student's participation in: | | |
| Classroom activities? | ___ | ___ |
| Physical education? | ___ | ___ |
| Competitive athletics? | ___ | ___ |
| 3. Is the student subject to conditions, which make for classroom emergencies, e.g., epilepsy, fainting, diabetes, or allergies? | ___ | ___ |
| 4. Is there any mental, emotional, or physical condition of a privileged nature for which the student should remain under your periodic observation? | ___ | ___ |
| 5. Does this student have any other medical problem with which the school should be concerned? | ___ | ___ |

Additional comments:

Height _____ Weight _____ Pulse _____ Blood Pressure _____

	Normal	Abnormal	Remarks
Respiratory			
Cardiovascular			
Abdomen			
Hernia			
Musculoskeletal			
Neurological			
Deformities	****	****	
Surgical Scars	****	****	
Skin			
Genitalia			
Urinalysis (sugar)			

I certify that I have on this date reviewed the medical history and examined this individual and find that he/she is is not physically able to compete in supervised interscholastic athletics.

Examining Health Care Provider's Signature

Date of Examination

Address

Phone Number

**Albuquerque Parochial and Independent Athletic League
Player, Parent & Spectator Code of Conduct**

MISSION STATEMENT

To promote the spiritual, academic and physical welfare of its youth and good sportsmanship and fair play through all activities sponsored by APIAL.

APIAL has the following additional guidelines regarding conduct of its members. (*as per the APIAL constitution*)

a. CONDUCT OF COACHES, ADs and PLAYERS - Coaches, ADs and players must conduct themselves in a Christian manner and must honor all judgment calls of the referees. Coaches and parents will be responsible for the acts of their team's players.

1. Any act of violence shall mean removal from the contest.

2. Any further act shall constitute removal from the gym/field. This applies to all persons present at the contest.

3. Non-compliance to the above will result in a one-year suspension from APIAL.

4. Any Coach/Athletic Director who does not conduct him/herself in a sportsmanlike manner will be suspended from participating in any contest for one year. Principals (or their representative), after consultation and mutual agreement with all coaches, referees, and other school representatives, have the right to stop any game if they feel it is harmful to the students. In such situations, the decision of the game will be brought to the board for final decision. Such games may end in a forfeit.

b. CONDUCT OF FANS - Fans must conduct themselves in a Christian manner and must honor all judgment calls of the referees.

1. Unsportsmanlike conduct (e.g., excessive noise during basketball free throws or volleyball serves) may result in a warning or removal from the gym/field.

We hold our student-athletes, coaches and parents to high standards of ethics and sportsmanship and we promote the development of good character and other important life skills. Integrity, fairness, and respect are lifetime values taught through athletics. They are also the principles of good sportsmanship. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relations, and graceful acceptance of the results. The following is a guideline for Sportsmanship as outlined by the Albuquerque Parochial and Independent Athletic League (APIAL).

I have read and understand the requirements of this Code of Conduct. I understand that I'm expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

_____/_____
Student-Athlete Signature / Date

_____/_____
Parent/Guardian Signature / Date