

Parents and student-athletes: Please read, sign, and keep a copy. You must turn in a signed form prior to the start of practice.

RSU 68 CONCUSSION INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

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| • Headaches | • “Don’t feel right” |
| • “Pressure in head” | • Fatigue or low energy |
| • Nausea or vomiting | • Sadness |
| • Neck pain | • Nervousness or anxiety |
| • Balance problems or dizziness | • Irritability |
| • Blurred, double, or fuzzy vision | • More emotional |
| • Sensitivity to light or noise | • Confusion |
| • Feeling sluggish or slowed down | • Concentration or memory problems
(forgetting game plays) |
| • Feeling foggy or groggy | • Repeating the same question/comment |
| • Drowsiness | • Amnesia |
| • Change in sleep patterns | |

Signs observed by teammates, parents or coaches include:

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| • Appears dazed | • Shows behavior or personality changes |
| • Vacant facial expression | • Can’t recall events prior to hit |
| • Confused about assignment | • Can’t recall events after hit |
| • Forgets plays | • Seizures or convulsions |
| • Is unsure of game, score, or opponent | • Any change in typical behavior or
personality |
| • Moves clumsily or displays
in coordination | • Loses consciousness |
| • Answers questions slowly | • Slurred speech |

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What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. RSU 68 requires the consistent and uniform implementation of well-established return to play concussion guidelines that have been recommended for several years and reflected in Board policy:

Any student suspected of having sustained a concussion or other head injury during a school-sponsored athletic activity including but not limited to competition, practice or scrimmage, must be removed from the activity immediately.

No student will be permitted to return to the activity or to participate in any other school-sponsored athletic activity on the day of the suspected concussion.

Any student who is suspected of having sustained a concussion or other head injury shall be prohibited from further participation in school-sponsored athletic activities until he/she has been evaluated and received written medical clearance to do so from a licensed health care provider who is qualified and trained in concussion management.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/Concussion>

_____ Student-athlete Name Printed	_____ Student-athlete Signature	_____ Date
_____ Parent or Legal Guardian Printed	_____ Parent or Legal Guardian Signature	_____ Date

Adopted: June 18, 2013
Revised: December 6, 2016

Dear Parent/Guardian,

SeDoMoCha is currently implementing an innovative program for our student athletes. This program will assist us in evaluating and treating head injuries. In order to better manage concussions sustained by our student athletes, we have acquired a software tool called ImpACT (Immediate Post Concussion Assessment and Cognitive Testing). ImpACT is a computerized exam utilized in many professional, collegiate and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImpACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sports practice or competition. This non-invasive test is set up in “video-game” type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of the test. Essentially, the ImpACT test is a preseason physical for the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to retake the test, both the baseline and post-injury test data is given to a local doctor to help evaluate the injury. The information gathered can also be shared with your family or doctor. The test data will enable health professionals to determine when return-to-play is appropriate and safe for the injured student athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

We wish to stress that the ImpACT testing procedures are non-invasive, and they pose no risk to your student athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The SeDoMoCha administration and coaching staff are striving to keep your child’s health and safety at the foreground of the student athlete experience. Please return the consent form with the appropriate information filled in. If you have any further questions or concerns regarding this program, please feel free to contact us at (207) 564-6535.

Julie Kimball
PreK-8 Principal

Emily Poland
School Nurse

Nathan Dyer
PreK-8 Assistant Principal/
Athletic Director

ImPACT Consent Form

CONSENT FOR COGNITIVE TESTING AND RELEASE OF INFORMATION

I give permission for (Name of Student Athlete) _____
(Student Athlete Date of Birth) _____

to take the baseline and post concussive ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) administered at SeDoMoCha. I understand that my child may need to be tested more than once, depending on results of the test, and as needed for potential post concussive results. I understand that there is no charge for the testing. I understand that all test scores will remain on file at SeDoMoCha.

SeDoMoCha may release the ImPACT results to my child's primary care physician, neurologist, or other treating physician as indicated below.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: ____/____/____

Please print the following information

Name of Doctor: _____

Name of Practice or Group: _____

Phone Number: _____

Student Home Address:

Parent or guardian phone numbers. Please indicate preferred contact number and time if necessary

(H) _____

(C) _____

(W) _____

