



Department of Athletics, Physical Education, Health and Student Health Services

Concussion Information and Consent Form

Dear Parent/Guardian:

Your son/daughter is a candidate for one of the interscholastic athletic teams sponsored by the Patchogue-Medford School District.

As you know, physical injuries may occur as a result of participation in any sport. Concussions are among the types of injuries that may occur during interscholastic sports activities.

A concussion is a type of traumatic brain injury caused by an impact or blow to the head or body. Concussions can happen in any sport, but are most often associated with contact sports such as football, rugby or ice hockey.

Symptoms of a concussion include, but not necessarily limited to:

- Amnesia (e.g. decreased or absent memory of events prior to or immediately after the injury or difficulty retaining information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy groggy or lightheaded
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (e.g. sleeping more or less than usual)

All coaches, physical education teachers and certified athletic trainers are required to be trained to recognize the symptoms of a concussion and to seek proper medical treatment for such injuries.

The District's policies provide for the immediate removal from athletic activities of any student who has sustained or is believed to have sustained a concussion. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that he or she has sustained a concussion until proven otherwise. A student is prohibited from resuming athletic activities until he or she has been symptom



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free for not less than 24 hours and has been evaluated by and received a written and signed authorization from a licensed physician. In addition, in order to resume participation in interscholastic sports activities, the student must receive clearance from the District’s Medical Director to participate in such activities. The District will follow any directives issued by the student’s treating physician with regard to limitations and/or restrictions on activities for the student.

Detailed information on concussions can be found on the websites of the New York State Education Department (SED) AND The New York State Department of Health (DOH). *See:* [NYSED Concussion Management](#)

PARENT/GUARDIAN CONSENT

By signing below, I signify that I understand that there are risks inherent in permitting my son or daughter to participate in interscholastic athletics, including the risk of serious physical injuries, including but not limited to concussions. This consent to my child’s participation is given with the knowledge that participation in interscholastic athletics present inherent risks of injury that no amount of care, caution, instruction, expertise or supervision can eliminate. Mindful of these risks, I voluntarily give my permission for my son/daughter to participate in interscholastic athletics.

By signing below, I further acknowledge that I have read and understand the above statements regarding concussions. I further agree to promptly inform the District in the event my child sustains a concussion outside of school so that appropriate safeguards can be taken with respect to his or her participation in interscholastic athletics.

Parent/Guardian Signature

Date

Parent/Guardian (Please Print Name)

Date

Student Athlete Signature

Date

Student Athlete (Please Print Name)

Date

Sport: _____

Circle One: Varsity JV Middle School