

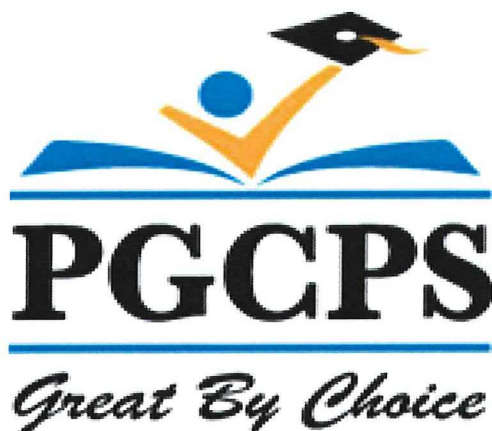
Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID \_\_\_\_\_ Sport \_\_\_\_\_ Gender \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

Student email address: \_\_\_\_\_

# 2015 – 2016

## Student Athlete and Parent Packet



Office of Interscholastic Athletics

4400 Shell Street

Capitol Heights, MD 20743

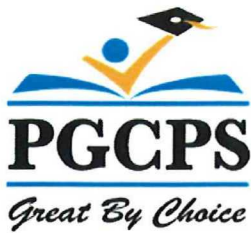
Phone: 301-669-6050 Fax: 301- 669-6055

[www.pgcps.org](http://www.pgcps.org)

Earl Hawkins, Director  
Interscholastic Athletics

O'Shay Watson, Supervisor  
Interscholastic Athletics

Member of the Maryland Public Secondary Schools Athletic Association



# Prince George's County Public Schools

14201 SCHOOL LANE  
UPPER MARLBORO, MARYLAND 20772

## Parental Permission for Participation in Interscholastic Athletics

Please fill in the appropriate blanks and return this form to the head coach of the sport in which you wish your son/daughter to participate. Permission to participate is not granted unless this form is signed by the parent or legal guardian. Permission applies only to the sport specified. A new form must be submitted if guardianship or insurance information changes.

My child, \_\_\_\_\_, has my permission to participate  
First Name Last Name  
in the following Prince George's County athletic program for the school year \_\_\_\_\_

SPORT \_\_\_\_\_

SCHOOL \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

The school does not provide insurance coverage for athletes other than the group catastrophic policy for county football programs. All participants should have their own insurance coverage in effect at the time of participation to cover accidental injuries that might arise.

My child has injury insurance coverage under policy # \_\_\_\_\_  
through \_\_\_\_\_  
Insurance Company

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

\_\_\_\_\_  
Date

In case of an emergency in which your child needs immediate medical treatment, we will send him/her to the nearest hospital and notify you immediately. The phone numbers you supply are of the utmost importance and should be updated when a change occurs. Please list your doctor's name and phone number so that he may be contacted if necessary:

Name of Doctor \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# ■ PREPARTICIPATION PHYSICAL EVALUATION

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# ■ PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / ( / )	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>			
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>			
Lymph nodes			
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>			
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
Neurologic <sup>c</sup>			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex ☐ M ☐ F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other information \_\_\_\_\_

## MEDICAL CARD FOR ATHLETE

Office of Interscholastic Athletics  
PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

MEDICAL CARD FOR ATHLETE

**INSTRUCTIONS:** This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

School Name \_\_\_\_\_ Jersey Number \_\_\_\_\_

Student Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Alternate  
Phone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Physician

Family Physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Date of Last  
Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_

Medicine Administered on the Field \_\_\_\_\_



## MEDICAL CARD FOR ATHLETE

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### INSURANCE INFORMATION:

Does your son/daughter have medical insurance? ☐ Yes ☐ No

If Yes, name of insurance company \_\_\_\_\_

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### RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I can not be reached.

\_\_\_\_\_  
*Signature, Parent/Guardian*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

<p>This Card Must Be Kept On File In The Medical Kit For Each Sport. It Must Accompany The Athlete To The Doctor Or Hospital When Medical Attention Is Required.</p>
--

## Eligibility Checklist for High School Students

Please read the following statements carefully and provide a response for each statement.

You must be eligible to participate in Interscholastic Athletics. Please review the following checklist with your parents. If you have questions, see your coach, athletic director and/or principal. Return this signed form to your head coach or athletic director before tryouts.

I was previously enrolled at (list School)\_\_\_\_\_.

I currently enrolled in the \_\_\_\_\_ program [where applicable].

Yes No I am officially enrolled in \_\_\_\_\_ High School.

Yes No I received a 2.0 or above with no failing grade during the previous quarter.

Yes No I have changed schools (transferred).

Yes No I turn 19 prior to September 1.

Yes No I have been recruited to attend this school.

Yes No I have had a physical examination on \_\_\_\_/\_\_\_\_/\_\_\_\_ and have submitted the signed PGCPs approved forms to my coach.

Yes No I have returned my signed parental permission form to my coach.

Yes No I am using anabolic steroids or other performance enhancing drugs.

Yes No I have only played at my current high school [excluding club teams or AAU programs].

I reside at the following address \_\_\_\_\_  
\_\_\_\_\_

My residence is within the boundaries of \_\_\_\_\_ High School.

Yes No I reside at the aforementioned address with my parent(s) or legal guardian.

Yes No I agree to notify the coach/school of any change in residence.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Address

Reviewed by \_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date signed

# RELEASE

## 2015-2016

Throughout the school year, the Board of Education of Prince George's County and individual schools within Prince George's County Public Schools will conduct activities that may be publicized through local or national news media. These activities may include interview sessions with news reporters; photographs of individual students or groups of students for newspapers or various school system publications including newsletters, calendars, and brochures; the use of student photos on the PGCPs Web site; and videotaping for local and national television news programs, cable programming, and school system promotional videos.

Please **check one** of the two statements below. **Sign and return** this document to your child's school.

☐

I/We **grant permission** for my child's classwork, tests or assignments,

☐

I/we **grant permission** for my/our child's name, voice, and likeness to be used by Prince George's County Public Schools personnel, or reporters, journalists, or photographers employed by news media.

☐

with comments and/or grades, to be displayed.

I/we **do not give permission** for my child's name, voice, and photographic likeness to be used by Prince George's County Public Schools personnel, or reporters, journalists, or photographers employed by news media.

Child's Name

School

Signature of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Date

# PUBLICITY



# PARA PUBLICAR

# AUTORIZACION

## AUTORIZACIÓN PARA PUBLICAR

**2015-2016**

Durante el transcurso del ciclo lectivo, la Junta Educativa del Condado de Prince George y cada establecimiento del sistema de Escuelas Públicas del Condado de Prince George llevarán a cabo actividades que podrán publicarse en los medios de comunicación local o nacional. Entre otras, tales actividades incluyen: entrevistas con periodistas, fotografías individuales o grupales de los alumnos para periódicos o publicaciones del sistema escolar (boletines de noticias, calendarios, folletos, etc.), uso de fotografías en el sitio Web de PGCPs; y filmación para noticieros televisivos locales y nacionales, programación de cable y filmación de videos promocionales del sistema escolar.

Por favor, responda **marcando una respuesta** a continuación. Firme y envíe de regreso este documento a la escuela de su hijo.

☐ Yo/Nosotros otorgamos permiso para que el trabajo en clase, pruebas o tareas de mi hijo, con comentarios y/o grados, sea mostrado.

☐ **Autorizo/Autorizamos** la utilización del nombre, la voz, o representación fotográfica de mi/nuestro hijo por parte del personal de las Escuelas Públicas del Condado de Prince George o por parte de redactores, periodistas o fotógrafos de los medios noticiosos.

☐ **No autorizo/autorizamos** la utilización del nombre, la voz, o representación fotográfica de mi/nuestro hijo por parte del personal de las Escuelas Públicas del Condado de Prince George o por parte de redactores, periodistas o fotógrafos de los medios noticiosos.

Nombre del alumno

Escuela

Firma del padre o tutor

Firma del padre o tutor

Fecha



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”



## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. 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.

After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date





# 

Una conmoción es un tipo de lesión cerebral traumática que ocasiona cambios en la forma en que funciona el cerebro normalmente. Una conmoción es causada por un golpe, impacto o sacudida en la cabeza o el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Hasta un "chichoncito" o lo que pareciera ser tan solo un golpe o una sacudida leve en la cabeza pueden ser algo grave.

### ¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE UNA CONMOCIÓN CEREBRAL?

Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta días o semanas después de ocurrida la lesión.

Si un deportista presenta **uno o más** de los síntomas de una conmoción cerebral indicados a continuación,

#### ¿Sabía usted que...?

- La mayoría de las conmociones cerebrales ocurren sin pérdida del conocimiento.
- Los deportistas que han sufrido una conmoción cerebral en algún momento de sus vidas, tienen un mayor riesgo de sufrir otra.
- Los niños pequeños y los adolescentes tienen más probabilidad de sufrir una conmoción cerebral y de que les tome más tiempo recuperarse que los adultos.

luego de un golpe, impacto o sacudida en la cabeza o el cuerpo, no se le debe permitir continuar jugando el día de la lesión y no debe volver a jugar hasta que un profesional médico con experiencia en evaluación de conmociones cerebrales indique que ya no presenta síntomas y que puede volver a jugar.

SIGNOS OBSERVADOS POR EL PERSONAL DE ENTRENAMIENTO	SÍNTOMAS REPORTADOS POR LOS DEPORTISTAS
Parece aturdido o desorientado	Dolor de cabeza o "presión" en la cabeza
Está confundido en cuanto a su posición de juego	Náuseas o vómitos
Olvida las instrucciones	Problemas de equilibrio o mareo
No está seguro del juego, de la puntuación o de adversarios	Visión borrosa o doble
Se mueve con torpeza	Sensibilidad a la luz
Responde a las preguntas con lentitud	Sensibilidad al ruido
Pierde el conocimiento (aunque sea por poco tiempo)	Sentirse débil, desorientado, aturdido, atontado o grogui
Muestra cambios de ánimo, comportamiento o personalidad	Problemas de concentración o de memoria
No puede recordar lo ocurrido antes del golpe o caída	Confusión
No puede recordar lo ocurrido después del golpe o caída	No "sentirse bien" o "con ganas de no hacer nada"



## SIGNOS DE PELIGRO POR UNA CONMOCIÓN CEREBRAL

En casos poco frecuentes, en las personas que sufren una conmoción cerebral puede formarse un coágulo de sangre peligroso que podría hacer que el cerebro ejerza presión contra el cráneo. Un deportista debe recibir atención médica de inmediato si luego de sufrir un golpe, impacto o sacudida en la cabeza o el cuerpo presenta alguno de los siguientes signos de peligro:

- Una pupila está más grande que la otra
- Está mareado o no se puede despertar
- Dolor de cabeza que es persistente y además empeora
- Debilidad, entumecimiento o menor coordinación
- Náuseas o vómitos constantes
- Dificultad para hablar o pronunciar las palabras
- Convulsiones o ataques
- No puede reconocer a personas o lugares
- Se siente cada vez más confundido, inquieto o agitado
- Se comporta de manera poco usual
- Pierde el conocimiento (las pérdidas del conocimiento deben considerarse como algo serio aunque sean breves)

## ¿POR QUÉ DEBE UN DEPORTISTA NOTIFICAR A ALGUIEN SI TIENE SÍNTOMAS?

Si un deportista sufre una conmoción, su cerebro necesitará tiempo para sanar. Cuando el cerebro de un deportista se está curando, tiene una mayor probabilidad de sufrir una segunda conmoción. Las conmociones repetidas (o secundarias) pueden aumentar el tiempo que toma la recuperación. En casos poco frecuentes, repetidas conmociones

### Recuerde

Las conmociones cerebrales afectan a las personas de manera diferente. Si bien la mayoría de los deportistas que sufren una conmoción cerebral se recuperan en forma completa y rápida, algunos tienen síntomas que duran días o incluso semanas. Una conmoción cerebral más grave puede durar por meses o aún más.

cerebrales en los jóvenes deportistas pueden ocasionar inflamación del cerebro o daño cerebral permanente. Incluso pueden ser mortales.

## ¿QUÉ DEBE HACER SI CREE QUE SU DEPORTISTA HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

Si considera que un deportista tiene una conmoción cerebral, sáquelo del juego y busque atención médica de inmediato. No intente juzgar usted mismo la seriedad de la lesión. No permita que el deportista regrese a jugar el mismo día de la lesión y espere a que un profesional médico con experiencia en la evaluación de conmociones cerebrales indique que ya no presenta síntomas y que puede volver a jugar.

El descanso es la clave para ayudar a un deportista a recuperarse después de una conmoción cerebral. Durante el ejercicio o las actividades que requieran de mucha concentración, como estudiar, trabajar en la computadora o los juegos de video, pueden causar que los síntomas de la conmoción cerebral reaparezcan o empeoren. Después de una conmoción cerebral, volver a practicar deportes y regresar a la escuela debe ser un proceso gradual que tiene que ser controlado y observado cuidadosamente por un profesional médico.

Mejor perder un juego que toda la temporada. Para más información sobre la conmoción cerebral, visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

Nombre del estudiante o deportista

Firma del estudiante o deportista

Fecha

Nombre del padre o tutor legal

Firma del padre o tutor legal

Fecha

## Interscholastic Athletics



Heat Acclimatization



Concussion Awareness



## *Interscholastic Athletics*

### **A Guide to Heat Acclimatization and Heat Illness Prevention.**

After completing this course, you should know:

- The definition of EHS.
- Recognize that Exertional Heat Stroke (EHS) is the leading preventable cause of death among athletes.
- Know the importance of a formal pre-season heat acclimatization plan
- Know the importance of hydrating regularly.

After completing this course, you should know:

- Know the importance of recognizing the signs and symptoms of developing heat illness. This is important for your safety the safety of your team teammates.
- The definition of a concussion
- Know the signs and symptoms of a concussion
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion



### What is EHS?

- Exertional Heat Stroke (EHS) is a severe condition characterized by an extremely high core body temperature of above 104 degrees Fahrenheit, central nervous system (CNS) dysfunction, and multiple organ failure brought on by strenuous exercise, often occurring in the hot environments.

### What is EHS?

- EHS is a medical emergency and can be a fatal condition if the individual's body temperature remains above 40 degrees Fahrenheit for an extended period of time without the proper treatment.

- Each year, exertional heat stroke results in:

- Thousands of emergency room visits
- Hospitalizations
- Lost time from practices and play

- Heat Stroke Fatalities, 1975-2009

YEARS	TOTAL
1975 - 1979	8
1980 - 1984	9
1985 - 1989	5
1990 - 1994	2
1995 - 1999	13
2000 - 2004	11
2005 - 2009	18

### Signs and Symptoms of EHS

- Core body temperature above 104 degrees F
- Increased heart rate
- Loss of balance / muscle function / dizziness
- Inability to walk / Collapse
- Sweating

### Signs and Symptoms

- Altered mental status / confusion / disorientation / irritability
- Vomiting
- Seizures
- Headache

### Factors!

- Vigorous activity in hot-humid environment
- Lack of time to adapt to heat (acclimatization)
- Poor physical fitness
- Dehydration
- Lack of sleep

### Factors!

- Fever or illness
- Warrior mentality
- High pressure to perform
- Heavy equipment / uniform

### Factor!

- Sickle Cell Trait
  - Impacts an estimated 8 to 10 percent of the U.S. black population
  - The risks to black athletes are heightened during common preseason performance tests such as mile runs or repetitive sprints. Heat, dehydration and high altitude can exacerbate the risks.

### Prevention!

- Heat acclimatization defined:  
Acclimatization is the body's adaptation to a new environment, specifically warm, hot or humid.
- \*Make sure you take time to adapt to the heat, don't push yourself too quickly.

### Prevention

- Know the difference between being tired and EHS symptoms.
- Don't try to "push through" or "tough it out" when you're not feeling well, even if others are pressuring you (including yourself).
- Encourage teammates to sit out if you notice them starting to show signs of EHS.
- Let your coach know if you or another player start feeling any symptoms.

### Prevention!

- Get plenty of sleep the night before practice
- Drink plenty of water (hydrate several days before practice and games)
- Don't practice if you're sick
- Make sure you have fluids at practice everyday

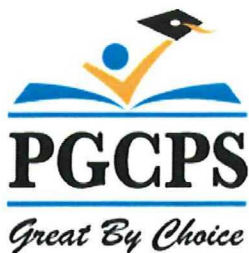


### Prevention!

- Check to make sure you're well hydrated by looking at the color of your urine, it should be the color of lemonade, NOT the color of apple juice.

### Return to Play

- Returning to play after EHS will be determined by a physician.
- You must bring in a doctor's note allowing a return to play.
- You will start with a gradual return to activity.



For official use only

School: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_

Sport: \_\_\_\_\_

Date Received: \_\_\_\_\_

Heat Acclimatization Awareness

Parent/Student-Athlete Acknowledgement Statement

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
Name of Student Athlete

Acknowledge that I have received information on all of the following:

- The definition of Exertional Heat Stroke (EHS)
- The signs and symptoms of EHS
- Predisposing Factors
- Prevention
- Heat Acclimatization
- Return to play must be determined by a physician

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

Student Athlete \_\_\_\_\_ Student Athlete \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

**To be returned with packet.**



## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- 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 mood, behavior, or personality changes

#### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

#### 1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

#### 2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

#### 3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

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

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





## Hoja Informativa para los PADRES

### ¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

### ¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

#### Signos que notan los padres y los tutores

*Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:*

- Luce aturdido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

#### Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturdido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

### ¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

### ¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

***Es preferible perderse un juego que toda la temporada.***

Para obtener más información, visite [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports).





## 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.

### CONCUSSION SIGNS AND SYMPTOMS

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.

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

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





## Hoja Informativa para los ATLETAS

### ¿QUÉ ES LA CONMOCIÓN CEREBRAL?

La conmoción cerebral es una lesión del cerebro que:

- Es causada por un golpe en la cabeza o una sacudida
- Puede cambiar el funcionamiento normal del cerebro
- Puede ocurrir en cualquier deporte durante las prácticas de entrenamiento o durante un juego
- Puede ocurrir aun cuando no se haya perdido el conocimiento
- Puede ser seria aun si se piensa que sólo se trata de un golpe leve

### ¿CUÁLES SON LOS SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

- Dolor o "presión" en la cabeza
- Náuseas (sentir que quieres vomitar)
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Molestia causada por la luz
- Molestia causada por el ruido
- Sentirse debilitado, confuso, aturdido o grogui
- Dificultad para concentrarse
- Problemas de memoria
- Confusión
- No "sentirse bien"

### ¿QUÉ DEBO HACER SI CREO QUE HE SUFRIDO UNA CONMOCIÓN CEREBRAL?

- **Dile a tus entrenadores y a tus padres.** Nunca ignores un golpe en la cabeza o una sacudida aun cuando te sientas bien. También dile al entrenador si crees que uno de tus compañeros de equipo sufrió una conmoción.

- **Ve al médico para que te examine.** Un médico u otro profesional de la salud podrá decirte si sufriste una conmoción cerebral y cuándo estarás listo para volver a jugar.
- **Tómate el tiempo suficiente para curarte.** Si sufriste una conmoción cerebral, tu cerebro necesitará tiempo para sanar. Es más probable que sufras una segunda conmoción mientras tu cerebro esté en proceso de curación. Las segundas conmociones y cualquier conmoción adicional pueden causar daños al cerebro. Por eso es importante que descanses hasta que un médico u otro profesional de la salud te permitan regresar al campo de juego.

### ¿CÓMO PUEDO PREVENIR UNA CONMOCIÓN CEREBRAL?

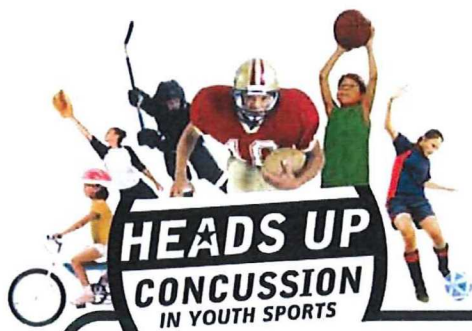
Aunque todo deporte es diferente, hay medidas que puedes tomar para protegerte.

- Sigue las reglas de seguridad del entrenador y las reglas del deporte que practicas.
- Mantén el espíritu deportivo en todo momento.
- Utiliza los implementos deportivos adecuados, incluido el equipo de protección personal. Para que este equipo te proteja, debe:
  - Ser adecuado para el deporte que practicas, tu posición en el juego y tipo de actividad
  - Usarse correctamente y ajustarse bien a tu cuerpo
  - Usarse en todo momento durante el juego

***Es preferible perderse un juego que toda la temporada.***

Para obtener más información, visite [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports).





## A QUIZ FOR COACHES, ATHLETES, AND PARENTS

*Review the "Heads Up: Concussion in Youth Sports" materials and test your knowledge of concussion.*

### Mark each of the following statements as True (T) or False (F)

1. A concussion is a brain injury.
2. Concussions can occur in any organized or unorganized recreational sport or activity.
3. You can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury.
4. Following a coach's rules for safety and the rules of the sport, practicing good sportsmanship at all times, and using the proper sports equipment are all ways that athletes can prevent a concussion.
5. Concussions can be caused by a fall or by a bump or blow to the head or body.
6. Concussion can happen even if the athlete hasn't been knocked out or lost consciousness.
7. Nausea, headaches, sensitivity to light or noise, and difficulty concentrating are some of the symptoms of a concussion.
8. Athletes who have a concussion should not return to play until they are symptom-free and have received approval from a doctor or health care professional.
9. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems.

**ANSWER KEY:** 1. True; 2. True; 3. True; 4. True; 5. True; 6. True; 7. True; 8. True; 9. True

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

For more information and to order additional materials **free-of-charge**, visit:

**[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)**





## CUESTIONARIO PARA ENTRENADORES, ATLETAS Y PADRES

*Repase el documento "Atención: conmoción cerebral en el deporte juvenil" y ponga a prueba sus conocimientos sobre la conmoción cerebral.*

### Indique si las siguientes afirmaciones son verdaderas (V) o falsas (F)

1. Una conmoción cerebral es una lesión en el cerebro.
2. Las conmociones cerebrales pueden ocurrir en cualquier actividad o deporte recreativo formal o informal.
3. La conmoción cerebral no puede verse y algunos atletas pueden no sentir los síntomas ni reportarlos sino hasta horas o días después de ocurrida la lesión.
4. Seguir las reglas de seguridad del entrenador y las reglas del deporte que practican, mantener el espíritu deportivo en todo momento y usar los equipos deportivos adecuados son todas maneras en que los atletas pueden prevenir una conmoción cerebral.
5. Las conmociones cerebrales pueden ser causadas por una caída, una sacudida o un golpe en la cabeza o el cuerpo.
6. La conmoción cerebral puede ocurrir aun cuando el atleta no haya perdido el conocimiento.
7. Las náuseas, los dolores de cabeza, la sensibilidad a la luz o al ruido y la dificultad para concentrarse son algunos de los síntomas de una conmoción cerebral.
8. Los atletas que hayan tenido una conmoción no deben regresar al campo de juego sino hasta que hayan desaparecido los síntomas y reciban la autorización de un médico o profesional de la salud.
9. Otra conmoción cerebral antes de que el cerebro se recupere de la primera puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo.

**RESPUESTAS:** 1. Verdadera; 2. Verdadera; 3. Verdadera; 4. Verdadera; 5. Verdadera; 6. Verdadera; 7. Verdadera; 8. Verdadera; 9. Verdadera

***Es preferible perderse un juego que toda la temporada.***

Para obtener más información y solicitar más materiales **de forma gratuita**, visite:

**[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)**

**PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS  
OFFICE OF INTERSCHOLASTIC ATHLETICS**

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

### **What is Sudden Cardiac Arrest?**

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

### **What causes Sudden Cardiac Arrest?**

- **Conditions present at birth**
  - ***Inherited (passed on from parents/relatives) conditions of the heart muscle:***
    - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
    - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
    - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
  - ***Inherited conditions of the electrical system:***
    - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
    - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but are inherited.
  - ***NonInherited (not passed on from the family, but still present at birth) conditions:***
    - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
    - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
    - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
    - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
  - ◆ **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
  - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
  - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.



PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS  
OFFICE OF INTERSCHOLASTIC ATHLETICS

**What are the symptoms/warning signs of Sudden Cardiac Arrest?**

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

**ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.**

**What is the treatment for Sudden Cardiac Arrest?**

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

**What are ways to screen for Sudden Cardiac Arrest?**

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- The PGCPs *Pre-Participation Physical Evaluation - Medical History* form includes ALL of the important cardiac elements and is mandatory annually.
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

**Where can one find information on additional screening?**

- Check the Health & Safety page of the MPSSAA website (<http://www.mpssaa.org>) or do an internet search for "Sudden Cardiac Arrest".

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)