



FOND DU LAC SCHOOL DISTRICT RECREATION DEPARTMENT



85 MORNINGSIDE DRIVE * FOND DU LAC WISCONSIN 54935

PHONE: (920) 929-2885 * FAX: (920) 929-3690

Renee Wagner

Supervisor of Recreation/Aquatics

Andrew Busker, CPRP

Recreation Programmer

James R. Sebert, Ed. D.

Superintendent of Schools

TO: Parents and/or Guardians

FROM: Marian Sheridan, Health and Safety Coordinator
David Michalkiewicz, Athletic Director
Renee Wagner, Recreation Department & Aquatics Supervisor

RE: Concussion and Head Injury for District and Recreation Department

Effective April 2012, Wisconsin Act 172/December, 2013 Act 93 requires that before a student may participate in practice or competition the Fond du Lac School District and the Recreation Department provide you with information regarding concussion and head injury. Parents and/or guardians are required to sign the enclosed information sheet prior to participation once per school year. A copy of Wisconsin Act 172 - 118.293/Act 93 is available on our website. "Youth Athletic Activity" includes all ages and activities.

Our athletic coaches, athletic trainers, or officials involved with the District and Recreational activities will remove a student from youth athletic activity if the student exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, athletic trainer or official suspects the student has sustained a concussion or head injury.

A student who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a healthcare provider and receives a written clearance to participate in the activity from the health care provider.

Signs and Symptoms of Concussions

These are some SIGNS concussion (what others can see in an injured athlete):

Dazed or stunned appearance
Change in the level of consciousness or awareness
Confused about assignment
Forgets plays
Unsure of score, game, opponent
Clumsy
Answers more slowly than usual
Shows behavior changes
Loss of consciousness
Asks repetitive questions or memory concerns

These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

Headache
Nausea
Dizzy or unsteady
Sensitive to light or noise
Feeling mentally foggy
Problems with concentration and memory
Confused
Slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. "When in doubt sit them out."

The District and/or Recreation Department shall notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

RETURN TO PLAY

In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be able to carry a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program is the recommended steps per 24 hours that the District and Recreation Department will be following. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise: stationary biking or jogging

STEP TWO: More strenuous running and sprinting in the gym or field without equipment

STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting

STEP FOUR: Full practice with contact

STEP FIVE: Full game clearance

As a reminder the Fond du Lac School District in collaboration with Agnesian HealthCare offers the ImPact Program for high school athletics. The program is used for the evaluation and treatment of head injuries. If your student has not participated in the program we are strongly recommending their participation in the free pre-injury (baseline) test. Please contact David Michalkiewicz at 920-906-6508, or Marian Sheridan @ 906-6548 for additional information on the ImPact Program.

The Wisconsin Act 93 and 172 and additional information and forms can be found on the following websites:

www.fonddulac.k12.wi.us

www.fdlredept.com

<http://www.wiaawi.org/Health/Concussions.aspx>

<http://www.cdc.gov/concussion>

Possible Information Sheets:

Coaches: <http://www.wiaawi.org/health/CoachGuide.pdf>

Parents: <http://www.wiaawi.org/health/ParentFactSheet.pdf>

Parents: <http://www.wiaawi.org/health/NFHSParentGuide.pdf>

Athletes: <http://www.wiaawi.org/health/AthleteFactSheet.pdf>

Order CDC materials: <http://wwwn.cdc.gov/pubs/ncipc.aspx#tbi>



FOND DU LAC SCHOOL DISTRICT RECREATION DEPARTMENT



85 MORNINGSIDE DRIVE * FOND DU LAC WISCONSIN 54935

PHONE: (920) 929-2885 * FAX: (920) 929-3690

Renee Wagner

Supervisor of Recreation/Aquatics

Andrew Busker, CPRP

Recreation Programmer

James R. Sebert, Ed. D.

Superintendent of Schools

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury and certify that you have read, understand, and agree to abide by all of the information contained in this sheet. You further certify that if you have not understood any information contained in this document, you have sought and received an explanation of the information prior to signing this statement.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

Athlete School _____