PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana’s high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association’s Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way.
   (available for download at www.ihsaa.org<http://www.ihsaa.org/>)

2. The PPE Form must be signed by a physician (MD or DO) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.

3. SIGNATURES
   ☐ The physician signature must be hand-written. No signature stamps will be accepted.
   ☐ The Physician signature and license number must be affixed on page two (2).
   ☐ The Parent signatures must be affixed to the form on pages one (1) and four (4).
   ☐ The Student-Athlete signature must be affixed to pages one (1) and four (4).

Your cooperation will help ensure the best medical screening for Indiana’s high school athletes.
**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 a copy of this form in the chart)

Date of Exam ___________________________ Date of birth ___________________________

Name ____________________________________ 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.

<table>
<thead>
<tr>
<th>GENERAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
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<tr>
<td>2. Have you ever been treated for asthma?</td>
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<td>3. Have you ever been treated for allergies?</td>
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<td>4. Have you ever been treated for diabetes?</td>
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<td>5. Have you ever been treated for high blood pressure?</td>
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<td>6. Have you ever been treated for high cholesterol?</td>
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<td>7. Do you have any allergies?</td>
<td>□ Yes □ No</td>
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<td>8. Have you ever been treated for a heart murmur?</td>
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<td>9. Have you ever been treated for a heart attack?</td>
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<td>10. Have you ever been treated for a heart valve problem?</td>
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<td>11. Have you ever been treated for a heart rhythm disorder?</td>
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<td>12. Have you ever been treated for a heart condition that caused you to miss school?</td>
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<tr>
<th>MEDICAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>26. Have you ever used an inhaler or taken asthma medicine?</td>
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<td>27. Have you ever been treated for a heart murmur?</td>
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<td>28. Have you ever been treated for a heart condition that caused you to miss school?</td>
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<td>49. Have you ever been treated for a heart condition that caused you to miss school?</td>
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<td>50. Have you ever been treated for a heart condition that caused you to miss school?</td>
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<tr>
<td>51. Have you ever been treated for a heart condition that caused you to miss school?</td>
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</table>

<table>
<thead>
<tr>
<th>FEMALES ONLY</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>52. Have you ever had a menstrual period?</td>
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<tr>
<td>53. Have you ever had a first menstrual period?</td>
<td></td>
<td></td>
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<tr>
<td>54. Have you ever had a second menstrual period?</td>
<td></td>
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</table>

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 __________________________

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**Preparticipation Physical Evaluation**

**Physical Examination Form**

(The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10)

Name ___________________________ Date of birth ___________________________

**Physician Reminders**

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you feel loved, needed, appreciated, or anxious?
   - Do you feel safe at your home or residence?
   - Have you worn casings, chewing tobacco, snuff, or dip?
   - Have you used any form of alcohol or other drugs?
   - Have you ever taken anabolic steroids or any other performance supplement?
   - Have you ever taken any medications to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

<table>
<thead>
<tr>
<th>Examination</th>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Medical**

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary</td>
<td>males only*</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>HSV lesions suggestive of MRSA, tinea corporis</td>
<td></td>
</tr>
<tr>
<td>Neurologic*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Musculoskeletal**

<table>
<thead>
<tr>
<th>Neck</th>
<th>Back</th>
<th>Shoulder/arm</th>
<th>Elbow/forearm</th>
<th>Wrist/hand/forearm</th>
<th>Hip/thigh</th>
<th>Knee</th>
<th>Leg/ankle</th>
<th>Foot/foot</th>
<th>Functional</th>
<th>Duck-walk, single leg hop</th>
</tr>
</thead>
</table>

*Consider EOS, echocardiogram, and referral to cardiologist for abnormal cardiac history or exam.

**Clearance**

- [ ] 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 examination 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 resolve the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10.

Name of physician (print/type) __________________________

Address __________________________

Signature of physician (MD or DO) __________________________

License # __________________________

(2 of 4)
INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
   . . . unless you are entering the ninth grade for the first time.
   . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
   . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CISET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.
I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. I have read the IHSAA Eligibility Rules (next page or on back) and know of no reason why I am not eligible to represent my school in athletic competition.

B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.

C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.

D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: ___________________ Student Signature: (X)
Printed: ___________________

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports not marked out:

B. Undersigned understands that participation may necessitate an early dismissal from classes.

C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.

E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.

F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the appropriate space:

☐ The student has school student accident insurance.☐ The student has football insurance through school.

☐ The student has adequate family insurance coverage.☐ The student does not have insurance.

Company: __________________________ Policy Number: __________________________

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.
(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: ___________________ Parent/Guardian/Emancipated Student Signature: (X)
Printed: ___________________

Date: ___________________ Parent/Guardian Signature: (X)
Printed: ___________________

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

File In Office of the Principal
Separate Form Required for Each School Year
SUDDEN CARDIAC ARREST
A Fact Sheet for Student Athletes

FACTS
Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS
There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:
- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS — Call EMS (911)
If a person experiences any of the following signs, call EMS (911) immediately:
- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest
- If an athlete does not look or feel right and you are just not sure

How can I help prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, you can assist by:
- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?
1. Tell an adult — your parent or guardian, your coach, your athletic trainer or your school nurse
2. Get checked out by your health care provider
3. Take care of your heart
4. Remember that the most dangerous thing you can do is to do nothing

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (3-7-15)
What is a concussion?
A concussion is a brain injury that:
- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven’t been knocked out.
- Can be serious even if you’ve just been “dinged” or “had your bell rung.”

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?
You can’t see a concussion, but you might notice one or more of the symptoms listed below or that you “don’t feel right” soon after, a few days after, or even weeks after the injury.
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?
- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?
Every sport is different, but there are steps you can take to protect yourself.
- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don’t hide it. Report it. Take time to recover.

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/Conecussion.

June 2010
SUDDEN CARDIAC ARREST
A Fact Sheet for Parents

FACTS
Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

WARNING SIGNS
There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

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- Chest Discomfort
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- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS — Call EMS (911)
If a person experiences any of the following signs, call EMS (911) immediately:
- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest
- If an athlete does not look or feel right and you are just not sure

How can I help my child prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:
- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?
1. Tell your child’s coach about any previous events or family history
2. Keep your child out of play
3. Seek medical attention right away

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board
(1-7-15)
What is a concussion?
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. 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?
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 after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

<table>
<thead>
<tr>
<th>Signs Observed by Parents or Guardians</th>
<th>Symptoms Reported by Athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
<td>Headache or “pressure” in head</td>
</tr>
<tr>
<td>Is confused about assignment or position</td>
<td>Nausea or vomiting</td>
</tr>
<tr>
<td>Forgets an instruction</td>
<td>Balance problems or dizziness</td>
</tr>
<tr>
<td>Is unsure of game, score, or opponent</td>
<td>Double or blurry vision</td>
</tr>
<tr>
<td>Moves clumsily</td>
<td>Sensitivity to light or noise</td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td>Feeling sluggish, hazy, foggy, or groggy</td>
</tr>
<tr>
<td>Loses consciousness (even briefly)</td>
<td>Concentration or memory problems</td>
</tr>
<tr>
<td>Shows mood, behavior, or personality changes</td>
<td>Confusion</td>
</tr>
<tr>
<td>Can't recall events prior to hit or fall</td>
<td>Just not “feeling right” or is “feeling down”</td>
</tr>
<tr>
<td>Can't recall events after hit or fall</td>
<td></td>
</tr>
</tbody>
</table>

How can you help your teen prevent a concussion?
Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.
- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?
1. Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.

3. Teach your teen that it's not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine.”

4. Tell all of your teen's coaches and the student's school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

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/Concussion.
CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _______________________________________

Sport Participating in (If Known): ___________________________ Date: ________________

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate
student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac
arrest to student athletes, including the risks of continuing to play after concussion or head injury.
These laws require that each year, before beginning practice for an interscholastic or intramural sport, a
student athlete and the student athlete's parents must be given an information sheet, and both must
sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in
a practice or game, shall be removed from play at the time of injury and may not return to play until the
student athlete has received a written clearance from a licensed health care provider trained in the
evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac
arrest shall be removed from play and may not return to play until the coach has received verbal
permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four
hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest
and ensure that your student athlete has also received and read these fact sheets. After reading these
fact sheets, please ensure that you and your student athlete sign this form, and have your student
athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden
cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes,
including the risks of continuing to play after concussion or head injury, and the symptoms of sudden
cardiac arrest.

(Signature of Student Athlete) ________________________________________ (Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact
sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion
and head injury to student athletes, including the risks of continuing to play after concussion or head
injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian) ________________________________________ (Date)

January 2015