

# Fall 2016 Parent Meeting

# Introductions

- Mike Cowdrey – District Athletic Director
  - [Mcowdrey@bloomfield.org](mailto:Mcowdrey@bloomfield.org)
  - (248) 341-6406
- R.J. Guizzetti – H.S. Athletic Coordinator
  - [Rguizzetti@bloomfield.org](mailto:Rguizzetti@bloomfield.org)
  - (248) 341-5669
- John Ciecko – Director of Sports Medicine
  - [Jciecko@bloomfield.org](mailto:Jciecko@bloomfield.org)
  - (248) 341-5661

# Pay to Participate

- Pay to Participate Amount:
  - \$150 Per Athlete (unlimited sports)
  - \$500 max per family
- Recommended Pay by dates:
  - Fall Activities - August 5, 2016
  - Winter Activities - November 1, 2016
  - Spring Activities - March 3, 2017
    - If PTP is not paid, athlete is not allowed to compete

# How to Pay

- 2016/2017 Athletic/Co-Curricular Clubs Pay to Participate Form
  - Angi Lewis is here if you would like to make payment tonight
- <http://www.bloomfieldrec.org>
- Send form and payment to
  - 7273 Wing Lake Rd. Bloomfield Hills, 48301

# Athletic Code of Conduct

- Participation in athletic and co-curricular programs in Bloomfield Hills Schools is considered an honor and a privilege that entails a commitment by students to an individual school, the District and the community. This Code is in effect year round (12 months), and participants are expected to conduct themselves in an exemplary manner at all times, including functions that occur outside of school.

# Enrollment

- MHSAA Requirements for Athletes:
  - A. Enrollment - To be eligible for interscholastic athletics, a student must be enrolled in a high school not later than the fourth Friday after Labor Day (first semester) or the fourth Friday of February (second semester). The student must reside in the school service area in which he/she attends school unless he/she has received prior District and MHSAA approval to compete in a different school.

# Age

- A student who competes in any interscholastic athletic contests must be under nineteen (19) years of age, except that a student whose nineteenth (19th) birthday occurs on or after September 1 of a current school year is eligible for the balance of that school year

# Seasons of competition/Semesters of enrollment

- A student, once enrolled in grade 9, shall be allowed to compete in only four first semesters and four second semesters. A student shall not compete in athletics who has been enrolled in grades 9 to 12, inclusive, for more than eight semesters. The seventh and eighth semesters must be consecutive.



# Awards

- A student may accept, for participation in athletics, a symbolic or merchandise award which does not have a fair market value or cost in excess of \$25. Awards for athletic participation in the form of cash, merchandise certificates, or any other type of negotiable documents are never allowed.

# Academic Eligibility

- To be academically eligible
  - Student Athlete must successfully pass 6 out of 7 classes in the previous semester
  - Of which at least four must be a C- or better
    - A “G” is a passing grade but is not equal to a C-

# Student attendance at school during the day of competition

- Student Athletes must attend all scheduled classes during the school day
  - If they plan on playing same day or evening
  - Exceptions must be approved by building administrator

# Substance Use

- Students participating in athletic and co-curricular programs are prohibited from the use, possession, or transmittal of tobacco, alcohol, illegal drugs, or any drug substance not prescribed to the student by a doctor.

# Conduct

- Students are expected to demonstrate the highest level of conduct at all times. All students participating in athletic and co-curricular programs are to display personal control under practice, competition, and spectator conditions toward their teammates, opponents, coaches, officials, sponsors and other spectators. Failure to follow the BHS Uniform Code of Student Conduct will result in disciplinary action as specified below.

# Code of Conduct Consequences

- First Offense
  - After Confirmation of first offense, the student will not be allowed to participate for 20% of season.
- Second Offense
  - After Confirmation of second offense, the student will not be allowed to participate for 50% of season.
- Third Offense
  - After confirmation of a third violation, the student will be dismissed from participating on all athletic and co-curricular teams for the next twelve months.

# Appeal Process

- Must be made in writing to district A.D. within three days of assignment of consequence.
- Students, parents/guardians, and affected teachers, sponsors or coaches have the right to be present at appeal.
- Based on review of the appeal, the District Athletic Director (for athletics) or building principal (for co-curricular) will adjust, revoke, or sustain the action.
- The student is not eligible to participate in competition or activity during the appeal process.
- In cases where action was taken directly by the district Athletic Director and/or building principal and/or cases where dissatisfaction exists with the results of the appeal hearing, a secondary appeal may be made, within three (3) days of the conclusion of the first appeal, in writing to the Assistant Superintendent of Learning Services. The secondary appeal must be held within three (3) days of receipt of the appeal. This is the final level of appeals.
- The student and/or parent/guardian will be notified of the results of the secondary appeal within 24 hours. This decision is final.

# Athletic Training

*The Black Hawks Athletic Training Department is dedicated to serving and providing the outstanding student-athletes of Bloomfield Hills High School with the opportunity to not only treat and rehabilitate their injuries but to provide an atmosphere that promotes total development of the individual.*



# Athletic Training – Staff

## Staff

- Head Athletic Trainer
  - John Ciecko III, MS, AT, ATC, CSCS, NASM-PES
- Central Michigan University Interns
  - James Mondoux
  - Kayla Phillips

## Team Physicians

- Sports Medicine Associates
  - Dr. James Moeller
  - Dr. Sami Rifat
- Team Orthopedist
  - Dr. Robert Kohen
- EmCura Immediate Care
  - Dr. Manish Kesliker
  - Dr. Supak Sookkasikon
- Team Psychologist
  - John Maakaron

# Athletic Training – Physicals

- An updated Athletic Physical form and Heads Up form must be handed-in and on file prior to participating for an athletic team. These can be emailed or handed-in to John Ciecko (jciecko@bloomfield.org), Angi Lewis (alewis@bloomfield.org), or handed-in to the main office.
- As per MHSAA rules, a Current Year Physical is one given ON or AFTER April 15 of previous year (4/15/2016)
- 2016-17 Athletic Physicals Deadline Dates
  - Fall - August 8th
  - Winter - November 4th
  - Spring - March 10<sup>th</sup>

# Athletic Training – Physical

**MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.**

**MEDICAL HISTORY**

• To be completed by parent or guardian or 18-year-old.  
• Must be signed below by parent or guardian or 18-year-old.

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

STUDENT'S NAME:	LAST	FIRST	MI	SEX	GRADE	DATE OF BIRTH	AGE
STUDENT'S ADDRESS:	NUMBER AND STREET						
NAME OF FATHER OR GUARDIAN:	WORK PHONE:	NAME OF MOTHER OR GUARDIAN:				WORK PHONE:	ZIP
FAMILY DOCTOR:	OFFICE PHONE:	STUDENT'S HOME PHONE:					

MEDICAL HISTORY								
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	MEDICAL QUESTIONS	YES	NO
Has a Doctor ever denied or restricted your participation in sports for any reason?			Does anyone in your family have arrhythmogenic right ventricular dysplasia, long QT syndrome?			Do you have any concerns that you would like to discuss with a doctor?		
Do you have any ongoing medical conditions? If so, please identify by checking Address Anemia Diabetes Indications Other:			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)?			Were you born without or are you missing an organ? Identify by checking: A) Lungs B) Eyes C) Spine D) Testes (males) E) Any other organ?		
Have you ever spent the night in the hospital?			Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?			Have you ever had an eating disorder?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>YES</b>	<b>NO</b>	<b>BONE AND JOINT QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>Do you seem about your weight?</b>		
Have you ever passed out or nearly passed out DURING or after exercise?			Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			Have you ever had a head injury or concussion?		
Have you ever had dizziness, pain, tightness or pressure in your chest during exercise?			Have you ever had any bruise or fractured bones or dislocated joints?			Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Do you get lightheaded or feel more short of breath than expected during exercise?			Have you ever had an injury that required x-rays, MRI, CT scan, ultrasound, therapy, a brace or cast or crutches?			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Has a doctor ever indicated a need for your heart? For example: ECG/EKG, echocardiogram			Have you ever been told that you have poor flexibility or athletic/ankle instability (chronic sprains or dislocations)?			Have you ever been unable to move your arms or legs after being hit or falling?		
Have you ever had an unexplained seizure or do you have a history of seizure disorder?			Do you ever feel or see the back instability or abdominal instability (chronic sprains or dislocations)?			Are you on a special diet or do you avoid certain types of foods?		
Does your heart ever race or skip beats (irregular heart) during exercise?			Do any of your joints become painful, swollen, feel warm or look red?			Do you wear protective eyewear, such as goggles, or a face shield?		
Has a doctor ever told you that you have high blood pressure?			Do you have any history of possible arthritis or connective tissue disease?			Do you or someone in your family have sickle cell trait or disease?		
Has a doctor ever told you that you have high cholesterol?			Have you ever had a stroke fracture?			Do you have any problems with your eyes or vision or had any eye injuries?		
Has a doctor ever told you that you have Kawasaki disease?			Have you ever had a stress fracture?			Do you wear glasses or contact lenses?		
Has a doctor ever told you that you have other heart problems?			Have you ever had a brain injury before you?			Have you ever had herpes or MERSA skin infection?		
Has a doctor ever told you that you have a heart infection?			<b>IMMUNIZATION HISTORY</b>	<b>YES</b>	<b>NO</b>	Have you had infectious mononucleosis (mono) within the last month?		
Has a doctor ever told you that you have a heart murmur?			Are you missing any recommended vaccines (Tdap, H1N1, MCV4, HPV, Varicella, MMR)?			Do you have any tattoos, piercings, or other skin problems?		
<b>YOUR FAMILY'S HEART HEALTH QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>HEALTH QUESTIONS</b>	<b>YES</b>	<b>NO</b>	<b>FEMALE ONLY</b>	<b>YES</b>	<b>NO</b>
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Have you ever become ill while exercising at the gym?			Did you ever have a menstrual period?		
Does anyone in your family have hypertension, cardiomyopathy, Marfan syndrome, or aortic aneurysm?			Do you cough, wheeze, or have difficulty breathing during or after exercise?			How old were you when you had your first menstrual period?		
Does anyone in your family have a genetic condition, such as Marfan syndrome, or aortic aneurysm?			Do you have headaches or get frequent muscle cramps?			Have you ever had a miscarriage?		
Does anyone in your family have unexplained fainting?			Do you have pain, a painful ridge or bump in the groin?			Have you ever had a pelvic exam?		
Does anyone in your family have unexplained seizures?			Do you have pain, a painful ridge or bump in the groin?			Have you ever had a pelvic exam?		
Does anyone in your family have unexplained fainting?			Do you have pain, a painful ridge or bump in the groin?			Have you ever had a pelvic exam?		
Does anyone in your family have unexplained fainting?			Do you have pain, a painful ridge or bump in the groin?			Have you ever had a pelvic exam?		

**INSURANCE STATEMENT AND CERTIFICATION**

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Signatures of Student: \_\_\_\_\_ & Parent/Guardian or 18 Year Old: \_\_\_\_\_

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

**EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

IN EMERGENCY 1) \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

CONTACT or 2) \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Reactions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.**

**PHYSICAL EXAM & CLEARANCE & CONSENT FORMS**

• To be completed by parent or guardian or 18-year-old.  
• Must be signed in two places on this page by parent or guardian or 18-year-old.

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

**PLEASE PRINT**

STUDENT'S COMPLETE LEGAL NAME:	Last	First	Middle					
STUDENT'S DATE OF BIRTH:	Month	Day	Year					
PLACE OF BIRTH:	City	State						
CIRCLE GRADE:	6	7	8	9	10	11	12	SCHOOL:

**PHYSICAL EXAMINATION & MEDICAL CLEARANCE**

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION: (Circle Correct Response An Necessary)	Height:	Weight:	Male/Female:	BP:	Pulse:	Vision: R 20'	L 20'	Corrected:	Yes	No
<b>MEDICAL:</b>									<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance: Marfan stigmata (hyperostosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, scoliosis, MVP, aortic insufficiency)										
ECG/arrhythmia/heart:	Duple Equal	Hearing								
Lymph Nodes										
Teeth: Malocclusion (malocclusion, crowding, supra, 4° Malocclusion Location of point of maximal impaction (PMI))										
Pulse: Sinus bradycardia (normal and rapid pulse)										
Language										
Reflexes										
Conjunctivae (Males Only)										
Slit	HSV	lesions suggestive of MERSA, latex exposure								
Neurologic:										

RECOMMENDATIONS: \_\_\_\_\_

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities. NOT crossed out below

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS  
ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

EXAMINER: \_\_\_\_\_ CIRCLE ONE: MD DO PA NP

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT**

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, Use acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements. Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, Use do hereby agree, understand, appreciate, and acknowledge that participation in such athletics is purely voluntary, that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby, waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee-members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. Use hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of PARENT: \_\_\_\_\_ Date: \_\_\_\_\_

OR GUARDIAN OR 18 YEAR-OLD

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

**MEDICAL TREATMENT CONSENT – To Be Completed By Parent or Guardian or 18-Year-Old**

I, \_\_\_\_\_, an 18-year-old, or the parent or guardian of \_\_\_\_\_, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD \_\_\_\_\_ DATE \_\_\_\_\_

# Athletic Training – Heads Up Form

## PARENT & ATHLETE CONCUSSION INFORMATION SHEET



### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### 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.



### 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 is “feeling down”

### SIGNS OBSERVED BY COACHING STAFF:

- 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
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

▶ **“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”**

### 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 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)

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

1. 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.
2. 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, and 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.
3. 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.

### 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.

STUDENT-ATHLETE NAME PRINTED \_\_\_\_\_

STUDENT-ATHLETE NAME SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

PARENT OR GUARDIAN NAME PRINTED \_\_\_\_\_

PARENT OR GUARDIAN NAME SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

JOIN THE CONVERSATION [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)



TO LEARN MORE GO TO [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# Athletic Training – Injury Protocol

- Athletic Trainer should be the first one to evaluate injury no matter the severity.
- Plan of care will be discussed with Student - Athlete, Coach and Parent
- Per Bloomfield Hills School District Policy, If a Student-Athlete is seen by a physician, a note is required for return to play.
  - Communication purposes.
  - Return to play, dictated by the note
  - Note must include Student-Athlete's:
    - Name
    - Diagnosis
    - Return to play status
- Return to play is dictated by our professional standard of care.

# Athletic Training – Concussion Protocol

- New Michigan Law as of June 30, 2013
  - Requires all coaches, employees, volunteers and other adults involved in youth athletics to complete in on-line training education.
  - Law requires immediate removal from physical participation in athletic activity who is suspected of sustaining a concussion.
    - Requires written clearance from an appropriate health care professional; i.e., Sports Medicine Dr., Neurologist...
- What is a concussion?
  - Any type of traumatic injury to the brain that changes normal brain function.
  - Does not need to be a result of a true blow to the head
    - Contra Coup vs. Direct Blow
- Signs and symptoms can show up at anytime following an injury
  - Headache, Nausea, Vomiting, Vision Troubles, Lethargy, Dazed, Confusion, Unaware of surrounding, Trouble with recollection. . .

# Athletic Training – Concussion Protocol

- A student with a suspected concussion is evaluated by the Athletic Trainer or one of the athletic training interns.
- If a concussion is found, the student is referred to a physician.
  - The student is given the Concussion Referral Form which highlights symptoms observed and history of the injury. A parent will be called for transportation home.
- The Concussion Referral Form is asked to be returned for an official diagnosis, return to play plan and any other accommodations recommended by the physician in order to communicate to others (staff, coaches etc.,)
- Once the form is returned, the counselors are notified of the students concussion.
  - Parents are encouraged to communicate the injury as well.
- The athletic department will follow up as more information is received from physicians on follow up visits.

# Athletic Training – Concussion Protocol

- We will evaluate and treat the athlete.
  - All athletes are different, all concussions will take different times.
  - We must follow doctors orders.
- Return to Play
  - Rest
  - B.R.A.I.N. Protocol – Each Athlete is Different
    - Bike
    - Run
    - Agility
    - “In the Red” – High intensity exercise
    - No Contact – Practicing with full team without pads
  - Full Contact Return to Play after MHSAA Post Concussion form signed by physician.



# Athletic Training – Concussion Forms

## Bloomfield Hills High School Concussion Referral Form

### Signs/Symptoms Reported or Observed:

- |   |   |
|---|---|
| <input type="checkbox"/> Loss of consciousness                  | <input type="checkbox"/> Unequal, dilated or unreactive pupils                      |
| <input type="checkbox"/> Amnesia lasting longer than 15 min.    | <input type="checkbox"/> Any sign or symptoms related to spine or skull injury      |
| <input type="checkbox"/> Detouring of neurologic function       | <input type="checkbox"/> Lethargy   |
| <input type="checkbox"/> Decreasing level of consciousness      | <input type="checkbox"/> Confusion  |
| <input type="checkbox"/> Decrease or irregular respirations     | <input type="checkbox"/> Agitation or other behavior/ mood changes                  |
| <input type="checkbox"/> Sensitivity to light                   | <input type="checkbox"/> Seizure activity   |
| <input type="checkbox"/> Sensitivity to noise                   | <input type="checkbox"/> Vomiting   |
| <input type="checkbox"/> Ringing in the ears                    | <input type="checkbox"/> Balance deficits or dizziness                              |
| <input type="checkbox"/> Changes in vision                      | <input type="checkbox"/> Motor deficits subsequent to initial on-field assessment   |
| <input type="checkbox"/> Difficulty with eye tracking           | <input type="checkbox"/> Sensory deficits subsequent to initial on-field assessment |
| <input type="checkbox"/> Nystagmus                              | <input type="checkbox"/> Additional post-concussion symptoms:                       |
| <input type="checkbox"/> Decrease or irregular heart rate/pulse | <input type="checkbox"/> Increase in/number of post-concussion symptoms             |
| <input type="checkbox"/> Cranial Nerve deficits: _____          | <input type="checkbox"/> Symptoms related to concussion interfering with AOC's      |

I believe that \_\_\_\_\_ [Athlete] sustained a concussion on \_\_\_\_\_ [date] in \_\_\_\_\_ [sport]. [Athlete] has been referred to follow up with a physician (MD/DO). It is recommended by Bloomfield Hills Schools, but not required, that the consulting physician specializes in sports medicine or have sufficient knowledge of sport related concussion.

ATC Note: \_\_\_\_\_

Parents/Guardians Notified  Y /  N Plan for Transportation Home: \_\_\_\_\_

ATC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
(Section for Physician)

Return to Activity Plan: \_\_\_\_\_

Specific Athletic/Academic Accommodations or Recommendations: \_\_\_\_\_

Follow up date if needed: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please Avoid the Following:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Consumption of Alcohol                      | <input type="checkbox"/> Waking up athlete every                       | <input type="checkbox"/> Excess noise |
| <input type="checkbox"/> Analgesic or NSAIDS until seen by physician | <input type="checkbox"/> hour while resting                            | <input type="checkbox"/> Excess light |
| <input type="checkbox"/> Spicy foods                                 | <input type="checkbox"/> Computer, tablet, phone or television screens |                                       |

Questions, comments or concerns, please contact Bloomfield Hills High School Athletic Trainer John Czeko III, MS, AT, ATC, CSCS, NASM-PEF  
 jczeko@bloomfield.org or 248-341-5761

→ This form must be returned to the Bloomfield Hills High School Athletic Training Room in order for student athletes to return to play ←



## RETURN TO ACTIVITY & POST-CONCUSSION CONSENT FORM 1

This form is to be used after an athlete is removed from and not returned to activity after exhibiting concussion symptoms. MHSAA rules require 1) Unconditional written authorization from a physician (MD/DO/Physician's Assistant/Nurse Practitioner), and 2) Consent from the student and parent/guardian. Both Sections 1 & 2 of this form must be completed prior to a return to activity. This form must be kept on file at the school and emailed to Concussion@MHSAA.com or faxed to 517-332-4071.

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

Event/Sport: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

### 1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner

- The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-activity progression. The medical examiner must approve the student's return to unrestricted activity.
- Individual schools, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
- A school or health care facility may use a locally created form for this portion of the return-to-activity protocol, provided it complies with MHSAA regulations. (See MHSAA Protocol.)

I have examined the above named student-athlete following this episode and determined the following: \_\_\_\_\_

Permission is granted for the athlete to return to activity (may not return to practice or competition on the same day as the injury).

SIGNATURE (must be MD or DO or PA or NP – circle one) \_\_\_\_\_ DATE: \_\_\_\_\_

Examiner's Name (Printed): \_\_\_\_\_

### 2. Post-Concussion Consent from Student and Parent/Guardian.

- I am fully informed concerning, and knowingly and voluntarily consent to, my/my child's immediate return to participation in athletic activities. I understand, appreciate, acknowledge, and assume the risks associated with such return to activity, including but not limited to concussions, and agree to comply with all relevant protocols established by my/my child's school and/or the MHSAA; and I/my child has been evaluated by, and has received written clearance to return to activity from an M.D., D.O., Physician's Assistant or Nurse Practitioner.
- In consideration of my/my child's continued participation in MHSAA-sponsored athletics, I/we do hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.
- I/we consent to the disclosure to appropriate persons, consistent with HIPAA and FERPA of the treating physician's or athletic trainer's written statement.

Student's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/Guardian's Name \_\_\_\_\_ \*Parent/Guardian's Signature: \_\_\_\_\_

\*Required if student is less than 18 years of age.

SEE REVERSE FOR OTHER CONCUSSION RELATED INFORMATION INCLUDING INSURANCE  
 THIS FORM SHOULD BE KEPT ON FILE AT THE SCHOOL FOR SEVEN YEARS FOLLOWING THE STUDENT'S HIGH SCHOOL GRADUATION.  
 Print Year of HS Graduation: \_\_\_\_\_

# Contact

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