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PARENTS & STUDENTS

- 1 Visit dragonflymax.com and click the 'Log In/Sign Up' button.
- 2 Click 'Sign Up for Free' then follow the prompts to create your Parent account with your own email address.
Note: please do not create an account with your child's name or contact information – you will get the chance to add your child soon!
- 3 Verify your account with the verification ID sent to your email address.
- 4 Click 'Connect to your school' to select 'Parent' as your role and search for your child's school.
- 5 After selecting your child's school, click 'Join' to request access. An administrator at your school will approve your request.
- 6 Click 'Set up your children' and follow the prompts to add your kid(s) and fill out their participation forms.



ATHLETIC DIRECTORS, COACHES & SCHOOL ADMINISTRATORS

- 1 Visit dragonflymax.com and click the 'Log In/Sign Up' button.
- 2 Click 'Sign Up for Free' to create your account with your school email address.
- 3 Verify your account with the verification ID sent to your email address.
- 4 Click the 'Get Started' button to select your role and search for your school.
- 5 After selecting your school, click 'Join' to request access. You will see a list of administrators at your school who can approve your request. If you're the first person to request access to your school, a member of the DragonFly team will verify your role and approve your request.



MONTANA HIGH SCHOOL ASSOCIATION

PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE
AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921.

May 2024

**TO: PARENTS OF MHSA SPORTS PARTICIPANTS
LICENSED MEDICAL PROFESSIONALS**

FROM: BRIAN MICHELOTTI, EXECUTIVE DIRECTOR

RE: UPDATED MHSA PRE-PARTICIPATION PHYSICAL EXAM FORM

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be completed for a student to be considered eligible for participation in an Association contest. Physical exams must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1st is not valid for participation for the following school year.

Logan Health, the official health care provider of the MHSA, is a sponsor of the MHSA Pre-Participation Physical Form. Parents/guardians may use the medial provider of their choice for the Pre-Participation Physical Examination for their student athlete.

The MHSA Executive Board recently approved important additions to this form. Specifically, PHQ-4 questions concerning mental health of the student were added and the format of the document was updated.

This MHSA pre-participation form is the only form that will be allowed for the student's exam **(no other forms will be accepted)**. The following process should be followed:

- Parent(s)/legal guardian(s) and their student will fill out the History portion of the form together.
- The student and parent/guardian will sign the form.
- A medical provider will review the form with the student and parent/guardian and perform the exam. A signature from the medical provider is required to clear the student for participation.
- The completed MHSA Pre-participation Physical Exam form will be given to the appropriate school administrator.

The MHSA is committed to the safety and health of our student activity participants and believes this new form will facilitate that objective.

If you have any questions regarding the updated pre-participation examination form, please contact me or the MHSA sports medicine liaison, Greta Buehler.



MHSAA CONFIDENTIAL ATHLETIC PREPARTICIPATION PHYSICAL EXAMINATION

Students must have a preparticipation physical examination completed yearly prior to the first practice of any sport. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. While **Logan Health is the preferred medical provider of the MHSAA, parents/guardians may choose their own medical provider for their Physical Examination** This certification is valid for a period of one school year. **A physical examination conducted before May 1st is not valid for participation for the following school year.** All information is to remain confidential.

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Athlete Name: _____ **Gender:** _____ **Grade:** _____ **Date of Birth:** _____

Home Address: _____ **Phone Number:** _____

Parent/Guardian's Name: _____ **Family Physician:** _____

Date of examination: _____ **Current school:** _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (i.e. medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of the form. Circle questions if you don't know the answer.)	YES	NO	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?			11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
3. Do you have any ongoing medical issues or recent illness?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?			14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			15. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
7. Has a doctor ever told you that you have any heart problems?			MEDICAL QUESTIONS	YES	NO
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			17. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			18. Have you ever used an inhaler or taken asthma medicine?		
10. Have you ever had a seizure?			19. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

MEDICAL QUESTIONS (CONTINUED)	YES	NO	ADDITIONAL INFORMATION
20. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			Explain any "Yes" responses to questions in the history sections below. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
22. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
23. Have you ever become ill while exercising in the heat?			
24. Do you or does someone in your family have sickle cell trait or disease?			
25. Have you had or do you have any problems with your eyes or vision?			
26. Have you ever had an eating disorder?			
27. Have you had infectious mononucleosis (mono) within the last Month?			
FEMALES ONLY	YES	NO	
28. Have you ever had a menstrual period?			
29. How old were you when you had your first menstrual period?			
30. When was your most recent menstrual period?			
31. How many periods have you had in the past 12 months?			

Name of Athlete (typed or printed): _____

Signature of Athlete: _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Parent/Guardian (typed or printed): _____

Signature of Parent/Guardian: _____

Date: _____ Address: _____ Insurance Company: _____

Parent's Home Phone: _____ Parent's Cell Phone: _____ Parent's Work Phone: _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL



PROVIDER'S PHYSICAL EXAMINATION FORM

Athlete Name: _____ Date of Birth: _____

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY		
Height: _____ Weight: _____		
Pulse: _____ BP: _____ / _____ Vision: R 20/_____ L 20/_____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N Pupils: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal		
MEDICAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata)		
Eyes/Ears/Nose/Throat (pupils equal, hearing)		
Lymph Nodes		
Heart (murmurs)		
Pulses (simultaneous femoral and radial)		
Lungs		
Abdomen		
Skin (HSV, MRSA, tinea corporis)		
Neurological		
Genitourinary (males only)		
MUSCULOSKELETAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (double-leg squat test, single-leg squat test, box drop or step drop test)		

Notes: _____

CLEARANCE

Cleared without restriction

Cleared with recommendations for further evaluation or treatment for: _____

Not cleared for All sports Certain sports _____ Reason: _____

Recommendations: _____

Name of Physician/Medical Provider [print or type]: _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/Medical Provider: _____

STUDENT-ATHLETE DEMOGRAPHICS & EMERGENCY CONTACT FORM

Last Name: _____ First Name: _____
Date of Birth: _____ SSN: _____
Upcoming Grade: _____ Sex: Male Female Sports: _____

CONTACT INFORMATION

Home Address: _____
City, State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-Mail Address: _____

Insurance Company: _____ Policy / ID Number: _____
Primary Card Holder: _____ Group Number: _____

PARENT/GUARDIAN INFO

OTHER PARENT/GUARDIAN

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail Address: _____	E-Mail Address: _____
Step Parent's Name (if applicable): _____	Step Parent's Name (if applicable): _____

EMERGENCY INFORMATION

In the event of emergency when neither parent/guardian is able to be reached, the school will contact the person named below:

Emergency Contact Name: _____
Relationship: _____
Emergency Contact's Home Phone: _____
Emergency Contact's Cell Phone: _____
Known Allergies: _____

Hospital Preference: _____ Orthopedic Physician: _____
Physician/Pediatrician: _____ Family Dentist: _____

*We do hereby acknowledge that the information contained in the form above is accurate to the best of our knowledge.
Should any changes become necessary, we will contact the school with the appropriate information.*

Student Signature: _____ Date: _____
Parent / Guardian(s) Signature: _____ Date: _____



Sentinel High School Parent/Guardian Code of Conduct



The essential elements of character building and ethics in athletics are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of athletics is achieved when competition reflects the "*six pillars of character*".

Therefore I agree:

1. I will refrain from coaching my child or other players during games and practices
2. I will respect the official and their authority during games and will never question, discuss or confront coaches at the game field, and will take time to speak to coaches at an agreed upon time and place
3. I will remember that student-athletes participate to have fun and the game is for the youth, and not for the adults.
4. I will teach my child that doing one's best is more important than winning, so that they my child will not feel defeated by the outcome of the game or their performance.
5. I will ensure that my child treats other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
6. I will promote the emotional and physical well-being of the student-athletes ahead of any personal desire that I may have for my own child to win.
7. I will not encourage any behaviors or practices that will endanger the health and well-being of student-athletes.
8. I (and any of my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
9. I (and any of my guests) will be positive role models for all of the student-athletes and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice and sporting event.
10. I understand that any violation of the code of conduct will be cause for dismissal, suspension, or permanent expulsion from future athletic contests.

I have read, understand, and agree to the parent/guardian Code of Conduct at all Sentinel High School sporting events.

Parent/Guardian Signature: _____ Date: _____



Sentinel High School

Home of the Spartans



Assumption of Risk Form

Participating in competitive athletic activities may result in severe injury, including paralysis or death. Changes in the rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks.

IT STILL REMAINS IMPOSSIBLE TO TOTALLY ELLIMINATE SUCH OCCURANCES FROM ATHLETICS.

Players can reduce the chance of injury by:

- Obeying all safety rules in their sport
- Reporting any and all physical problems and injuries to their coaches and trainers
 - Following a proper conditioning program
 - Inspecting their equipment on a daily basis.

DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY

Keep in mind, even if all of these requirements are met and even if the athlete is using excellent protective equipment, a serious accident or injury still may occur.

AS A CONDITION OF PARITICPATION IN SENTINEL ATHLETICS, PLEASE SIGN BELOW:

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SEASONAL ACTIVITIES CODE OF CONDUCT

Missoula County Public Schools PARENT/GUARDIAN SIGN OFF

Student participation in student government, clubs, performing or competitive activities, and athletics is governed by the regulations developed and administered by the Montana High School Association and the Missoula County Public School District. The Athletic Code of Conduct is a commitment to represent self, school, family and the community in the most positive manner at all times. The code of conduct is in effect for the entire school year and all subsequent high school years, to include fall athletic practice in August and any school-sponsored events, regardless of the time of year.

Instructions for securing the privilege of representing Missoula County Public Schools in extra-curricular events:

- Read and sign the Code of Conduct
- Complete physical (Must be on file before participation in sports of any kind – must use MHSA physical form)
- Provide the name of your insurance company (can purchase insurance through school)
- Complete the emergency Information form
- Complete Parent Code of Conduct form
- Complete the Risk Disclosure Agreement
- Payment of fees

CODE OF CONDUCT includes – Academic, Citizenship, and Alcohol & Drug Policy

1. ACADEMIC POLICY

A student must achieve a current GPA of 2.0 or higher and may not have an F in any subject at each grading period: i.e., mid-quarter, quarter, and semester, to be eligible for participation in competitive athletic and specific activity programs.

2. CITIZENSHIP POLICY

The Board of Directors of the Missoula County Public Schools offers a variety of voluntary activities designed to enhance the classroom education of its students. Students who participate in extracurricular activities serve as ambassadors of the school district throughout the calendar year, whether away from or at school. Students who wish to exercise this privilege of participating in extracurricular activities must conduct themselves in accordance with the board policy and must refrain from activities that are illegal, immoral, unhealthy, or highly inappropriate. Participation in these activities is a privilege, conditioned upon meeting the eligibility criteria established by the board, administration, and individual activity coaches and sponsors. The activities director shall keep records of violations of the Citizenship Policy.

3. ALCOHOL AND DRUG POLICY

- A. The policy shall be enforced during the school year when a student (regardless of age) is enrolled at MCPS for school-sponsored activities, including summer activities.
- B. Any student involved in an extra-curricular, performing or competitive activity or athletic program* (in accordance with Policy # 5225) shall not knowingly purchase, possess, use, transmit, or be under the influence of alcohol, tobacco, performance enhancing drugs, or controlled substances of any kind during a school year, regardless of the student's age. A student who finds himself or herself in jeopardy because of a substance abuse problem will be referred for professional assistance at family expense.
- C. Any student who finds himself/herself in the company of persons who illegally possess, use, transmit, or are under the influence of alcohol, performance enhancing drugs, or controlled substance (i.e., frequenting of areas, places, or sites where drugs and/or alcohol are present), is expected to leave within a reasonable period of time. Failure to do so will result in discipline as if they were in violation of this policy.
- D. Any student engaging in inappropriate or offensive conduct or any act that would be grounds for arrest or citation in the criminal or juvenile court system, excluding minor traffic offenses, regardless of whether the student was cited, arrested, convicted, or adjudicated for the act(s).
- E. Student Transfers. A student who transfers from one Missoula County Public School to another or from another district will maintain his/her accumulative offense status regarding the alcohol and drug policy.

* Policy (5225): "Possession or use of tobacco products (tobacco includes, but is not limited to, cigarettes, cigars, snuff, smoking tobacco, smokeless tobacco, or any other tobacco or nicotine innovation) by employees on district property, in district vehicles and at school-sponsored events (whether on or off district property) is prohibited at all times."

"The use of tobacco products by all students on school district property is prohibited. This includes non-school hours and all events sponsored by the school or others."

ALCOHOL AND DRUG POLICY VIOLATIONS

1. First offense in a student's high school career: The student shall be suspended from competing or performing in any school-sanctioned activity for one year. Days counted include 12 calendar months beginning the date the student is notified of suspension.
2. Second offense in a student's high school career: The student shall be suspended from competing or performing in any school-sanctioned activity for one year. Days counted include 12 calendar months beginning the date the student is notified of suspension.
3. Third offense in a student's high school career: Full suspension from all extra-curricular activity programs for the remainder of the student's high school career.

Reduction of suspension times: A student can reduce the suspension time for first and second offenses by registering for an approved education course and providing documentation from the approved program that he/she will participate in the course. Student will be required to submit evidence of course completion and shall continue to attend practices/participate in the activity during the period of suspension if approved by the Activity Leader. First and second offenses can be reduced further if a student self-reports to the Activity Director or designee within 48 hours of the incident and completes the approved education course. First offenses are reduced to 30 days with the approved education course or 20 days with self-report and the course. Second offenses are reduced to 60 days with the approved education course or 50 days with self-report and the course.

VIOLATIONS ARE CUMULATIVE DURING A STUDENT'S FOUR YEARS IN HIGH SCHOOL.

Missoula County Public Schools LETTERING POLICY

To obtain a varsity letter or be nominated for all-conference honors in the current season, the student will need to conform to the guidelines and requirements set forth by the District and the head coach/advisor of the activity.

APPEALS POLICY

Due process shall be given to all students with regard to administration of the code of conduct policy. Any appeals of consequences shall be made in writing to the high school administration. If a student has been eliminated from activities due to a code of conduct violation, they may appeal to the Superintendent for re-enrollment in school activities.

PHYSICAL POLICY

All students need a physical before beginning practice. Physicals must be done on the MHS physical form which is available in the main office or on the school website on the activity pages. Physicals obtained after May 1st are valid through the end of the following school year.

PAYMENT OF FEES POLICY

All students need to have the following fees paid before the first practice in order to participate.

ACTIVITY CARD
PARTICIPATION FEE
WHITE FEE (WHERE APPLICABLE)

CODE OF CONDUCT AND INSURANCE AGREEMENT - REQUIRED

My son/daughter is covered by _____ (insurance company's name)
Medical insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during participation in athletics/activities except for injury resulting from the sole negligence of the school district.

We have read this material, discussed it together, and agree to support the code of conduct.

Print Student's Name Grade ID# Student's Signature

Signature of Parent or Guardian

Date



Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-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.

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Guardian Name(s): _____

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date



A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

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 if one of your teammates might have a concussion.

- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I 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.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

- > The right equipment for the game, position, or activity
- > Worn correctly and fit well
- > Used every time you play

Remember, when in doubt, sit them out!



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a 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 behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

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
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- 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 (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

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 sports.

2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play 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 second concussion. Second 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 recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Remember, when in doubt, sit them out!

Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"> •Appears dazed or stunned •Is confused about events •Answers questions slowly •Repeats questions •Can’t recall events prior to the hit, bump, or fall •Can’t recall events after the hit, bump, or fall •Loses consciousness (even briefly) •Shows behavior or personality changes •Forgets class schedule or assignments 	<p><u>Thinking/Remembering:</u></p> <ul style="list-style-type: none"> •Difficulty thinking clearly •Difficulty concentrating or remembering •Feeling more slowed down •Feeling sluggish, hazy, foggy, or groggy <p><u>Physical:</u></p> <ul style="list-style-type: none"> •Headache or “pressure” in head •Nausea or vomiting •Balance problems or dizziness •Fatigue or feeling tired •Blurry or double vision •Sensitivity to light or noise •Numbness or tingling •Does not “feel right” 	<p><u>Emotional:</u></p> <ul style="list-style-type: none"> •Irritable •Sad •More emotional than usual •Nervous <p><u>Sleep*:</u></p> <ul style="list-style-type: none"> •Drowsy •Sleeps less than usual •Sleeps more than usual •Has trouble falling asleep <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
 - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports
 - www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
 - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>