Questions? Please call John Yellam at 253-945-5420 or email at jyellam@fwps.org.

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**Emergency information FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | |
| All Participants Must provide a copy of **current physical to the Main Office** | | | | | | | | | | | | | | | | |
| **Participant INFORMATION** | | | | | | | | | | | | | | | | |
| Participants first name: | | | |  | | |  | Participants Last name: | | | | | | | | |
|  | | | | | | | |
| Grade (2018-19) | | Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Birth date: | | | | Age: | |
| ❑ 9th ❑10th ❑ 11th ❑ 12th | | / / | | | |  | |
| Street address: | | | | | | | | | City: | | | | | | | |
|  | | | | | | | | |
| Email address: | | | | | | | | | | | | | | Home phone number:  ( ) | | |
| Parents Name(s): | | | | | | | | | | | | | | | | |
| Parents cell phone: | | | | | | | | Parents cell phone: | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **INSURANCE INFORMATION** | | | | | | | | | | | | | | | | |
| Insurance Company: | | | | | Policy Number | | | | | | | Name of Doctor: | | | | |
|  | | | | | | |  | | | | |
| List any medical concerns: | |  |  | |  | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **IN CASE OF EMERGENCY** | | | | | | | | | | | | | | | | |
| Name of local friend or relative (not living at same address): | | | | | | Relationship to student: | | | | | | | Emergency contact phone number: | | | |
|  | | | | | |  | | | | | | | ( ) | | | |
| The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | |  | | |  |
|  | *Parent/Guardian signature* | | | | | | | | |  | | | *Date* | | |  |

Please sign below acknowledging that you have received and read the Concussion Information Sheet and Sudden Cardiac Arrest information sheet.

|  |  |  |
| --- | --- | --- |
| *Patient/Guardian signature* |  | *Date* |

FEDERAL WAY PUBLIC SCHOOLS

Concussion Information Sheet

Athletes with the signs and symptoms of concussion should be removed from play immediately.  Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury.  There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one.  This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences.  It is well known that adolescent or teenage athletes will often under report symptoms of injuries.  And concussions are no different.  As a result, education of administrators, coaches, parents and students is the key for student‐athletes’ safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately.  No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance.  Close observation of the athlete should continue for several hours.  The new “Zachery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well‐established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

And

“. . . may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion.  Remember it’s better to miss one game than miss the whole season.  And when in doubt, the athlete sits out.

For current and up‐to‐date information on concussions you can go to: <http://www.cde.gov/ConcussionInYouthSports/>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 6/15/2009

Federal Way Public Schools

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious.  They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head.  They can range from mild to severe and can disrupt the way the brain normally works.  Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged  brain damage and death if not recognized and managed properly.  In other words, even a “ding” or a bump on the head can be serious.  You can’t see a concussion and most sports concussions occur without loss of consciousness.  Signs and symptoms of concussions may show up right after the injury or can take hours or days to fully appear.  If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

* Headaches
* Amnesia
* “Pressure in head”
* “Don’t feel right”
* Nausea or vomiting
* Fatigue or low energy
* Neck pain
* Sadness
* Balance problems or dizziness
* Nervousness or anxiety
* Blurred, double, or fuzzy vision
* Irritability
* Sensitivity to light or noise
* More emotional
* Feeling sluggish or slowed down
* Confusion x Feeling foggy or groggy
* Concentration or memory problems
* Drowsiness x Forgetting plays
* Change in sleep patterns
* Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

* Appears dazed
* Vacant facial expression
* Confused about assignment
* Forgets plays
* Is unsure of game, score, or opponent
* Moves clumsily or displays a lack of coordination
* Answers questions slowly
* Slurred speech
* Shows behavior or personality changes
* Can’t recall events prior to hit
* Can’t recall events after hit
* Seizures or convulsions
* Any change in typical behavior or personality
* Loses consciousness

