



KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION  
 PO Box 495, 601 SW Commerce Place; Topeka, KS 66601-0495; (785) 273-5329

**PPE**

# HISTORY

## PRE-PARTICIPATION PHYSICAL EVALUATION

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

**TO BE COMPLETED ANNUALLY BY EVERY PARTICIPANT AND PARENT OR GUARDIAN**

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Personal physician \_\_\_\_\_ Parent Email \_\_\_\_\_

*In case of emergency, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.**  
**STUDENT/PARENT/GUARDIAN - answer questions below PRIOR TO EXAMINATION by physician.**  
**Explain "YES" answers in space below. Circle the number of the questions you do not know.**

**YES NO**

1.   Have you had a medical illness or injury since your last check up or sports physical?  
  Do you have an ongoing or chronic illness?
2.   Have you ever been hospitalized overnight?  
  Have you ever had surgery?
3.   Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?  
  Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
4.   Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?
5.   Have you ever passed out during or after exercise?  
  Have you ever been dizzy during or after exercise?  
  Have you ever had chest pain during or after exercise?  
  Do you get tired more quickly than your friends do during exercise?  
  Have you ever had racing of your heart or skipped heartbeats?  
  Have you had high blood pressure or high cholesterol?  
  Have you ever been told you have a heart murmur?  
  Has any family member or relative died of heart problems or of sudden death before age 50?  
  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  
  Has a physician ever denied or restricted your participation in sports for any heart problems?
6.   Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)?
7.   Have you ever had a head injury or concussion?  
 When? \_\_\_\_\_ How many? \_\_\_\_\_  
  Have you ever been knocked out, become unconscious, or lost your memory?  
  Have you ever had a seizure?  
  Have you ever had numbness or tingling in your arms, hands, legs, or feet?  
  Have you ever had a stinger, burner, or pinched nerve?
8.   Have you ever become ill from exercising in the heat?
9.   Do you cough, wheeze, or have trouble breathing during or after activity?  
  Do you have asthma?  
  Do you use an inhaler before exercise?  
  Do you have seasonal allergies requiring medical treatment?

**YES NO**

10.   Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
11.   Have you had any problems with your eyes or vision?  
  Do you wear glasses, contacts, or protective eyewear?
12.   Have you ever had a sprain, strain, fracture or dislocation of a muscle, tendon, bone or joint?  
*If yes, check appropriate box and explain below.*

<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
<input type="checkbox"/> Upper arm		<input type="checkbox"/> Foot
13.   Do you want to weigh more or less than you do now?  
  Do you lose weight regularly to meet weight requirements for your sport?
14.   Has a doctor told you or a family member that you are at risk for blood disorders? Ex: Sickle Cell, etc...
15.   Were you born without or are you missing a kidney, testicle or any other organs?
16.   Do you feel that you have fatigue or increased shortness of breath with activity?
17.   Do you have any concerns that you would like to discuss with the doctor?

**FEMALES ONLY**

18.   Have you begun menstruation?  
  If yes, are you ever experiencing any problem (i.e., irregularity, pain, etc.)?

**IDENTIFY "YES" ANSWERS (by number)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PHYSICAL EXAMINATION

## PRE-PARTICIPATION PHYSICAL EVALUATION

Name		Date of Birth	
Height	Weight	Pulse	Blood Pressure /
Vision	R 20/      L 20/	Corrected: Y N	Pupils: Equal      Unequal
Date of recent immunizations: Td		Tdap	Hep B
Varicella		HPV	Meningococcal

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/Hernia			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

## CLEARANCE

Cleared for all activities

Not cleared for: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**I HEREBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM**

Name of physician (*print / type*) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD, DO, DC or RPA  
*(please circle)*

# ATTENTION PARENTS AND STUDENTS

## KSHSAA ELIGIBILITY CHECK LIST

**PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.**

### **NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:**

**BEGINNING SEVENTH GRADER**—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

**BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL**—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

**ENTERING HIGH SCHOOL FOR THE FIRST TIME**—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

### **For Middle/Junior High and Senior High School Students to Retain Eligibility**

**Schools may have stricter rules** than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

**Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.**

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** given by a physician and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.  
*NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.*
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before September 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.  
*NOTE: Consult the coach or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.*
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a practicing physician or registered physicians assistant certifying the student has passed an adequate physical examination and is physically fit to participate. (See KSHSAA Handbook, Rule 7.) A complete history and physical examination must be performed upon a student's initial entrance into KSHSAA interscholastic athletics/cheerleading.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

### Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, the school nurse, trainer, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

**The above named student and I have read the  
KSHSAA Eligibility Check List  
and how to retain eligibility information listed in this form.**

#### For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on **all** transfer students.)

- | YES                         | NO                       |  |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you a bona fide student in <b>good standing</b> in school? (If there is a question, your principal will make that determination.)  |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Did you <b>pass at least five new subjects (those not previously passed)</b> last semester? (The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.)                              |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to <b>enroll in at least five new subjects (those not previously passed)</b> of unit weight this coming semester? (The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.) |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Did you <b>attend</b> this school or a feeder school in your district last semester? (If the answer is "no" to this question, please answer Sections a and b.)   |
| <input type="checkbox"/>    | <input type="checkbox"/> | a. Do you reside with your parents?  |
| <input type="checkbox"/>    | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?  |

The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

\_\_\_\_\_  
Parent or Guardian's Signature Date

\_\_\_\_\_  
Student's Signature Date Birth Date Grade

**EMERGENCY MEDICAL INFORMATION AND INSURANCE VERIFICATION**

STUDENT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

***PARENT OR GUARDIAN MUST ANSWER THESE QUESTIONS:***

1. Is your child covered by Medical Insurance?            YES            NO
2. If your child is covered by Medical Insurance, what is the name of the Insurance Company?

3. What is the Medical Insurance Policy Number?

All students must be covered by insurance to be eligible to participate. If you do not have a personal policy, contact the school office for information on low cost insurance.

4. If you have a family physician, please list his/her name and telephone number:

PHYSICIAN

PHONE #'S

Work: \_\_\_\_\_

Home: \_\_\_\_\_

5. If your child is injured while participating in a school-sponsored activity and it is necessary to take him/her to a hospital, do you have a preference?            YES            NO
6. If you have a hospital preference, please give name?

HOSPITAL

7. List below telephone numbers where the parents/guardians might be reached:

HOME

WORK

8. In case of emergency, if we cannot contact one of the parents, list below either a relative or a neighbor whom we should contact:

NAME

RELATIONSHIP

PHONE

This is to verify that the above named student is currently covered by an insurance policy, which will be in effect throughout the \_\_\_\_\_ school year, and that the above-mentioned policy covers injuries sustained in both practice sessions and/or athletic events. It is understood that neither the school nor the coaching staff assumes any responsibility in case of accident.

\_\_\_\_\_  
Signature of Parent or Guardian



## KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION RECOMMENDATIONS FOR COMPLIANCE WITH THE KANSAS SCHOOL SPORTS HEAD INJURY PREVENTION ACT AND IMPLEMENTATION OF THE NATIONAL FEDERATION SPORTS PLAYING RULES RELATED TO CONCUSSIONS

### The following language appears in all National Federation sports' rules books:

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

### The Kansas Legislature has enacted the School Sports Head Injury Prevention Act (hereinafter the “Kansas Act”) effective July 1, 2011:

New Sec. 17. (a) This section shall be known and may be cited as the school sports head injury prevention act.

(b) As used in this section:

(1) “School” means any public or accredited private high school, middle school or junior high school.

(2) “Health care provider” means a person licensed by the state board of healing arts to practice medicine and surgery.

(c) The state board of education, in cooperation with the Kansas state high school activities association, shall compile information on the nature and risk of concussion and head injury including the dangers and risks associated with the continuation of playing or practicing after a person suffers a concussion or head injury. Such information shall be provided to school districts for distribution to coaches, school athletes and the parents or guardians of school athletes.

(d) A school athlete may not participate in any sport competition or practice session unless such athlete and the athlete’s parent or guardian have signed, and returned to the school, a concussion and head injury information release form. A release form shall be signed and returned each school year that a student athlete participates in sport competitions or practice sessions.

(e) If a school athlete suffers, or is suspected of having suffered, concussion or head injury during a sport competition or practice session, such school athlete immediately shall be removed from the sport competition or practice session.

(f) Any school athlete who has been removed from a sport competition or practice session shall not return to competition or practice until the athlete is evaluated by a health care provider and the health care provider provides such athlete a written clearance to return to play or practice. If the healthcare provider who provides the clearance to return to play or practice is not an employee of the school district, such health care provider shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(g) This section shall take effect on and after July 1, 2011.

### The KSHSAA offers the following guidelines and recommendations for compliance with the Kansas Act and for implementation of the NFHS playing rule related to concussions:

1. If a student suffers, or is suspected of having suffered a concussion or head injury during a sport competition or practice session, the student: (1) must be immediately removed from the contest or practice and (2) may not again participate in practice or competition until a health care provider has evaluated the student and provided a written clearance for the student to return to practice and competition. The National Federation and the KSHSAA recommend that the student **should not** be cleared for practice or competition the same day the concussion consistent sign, symptom or behavior was observed.
2. *What are the “signs, symptoms, or behaviors consistent with a concussion”?* The National Federation rule lists some of the signs, symptoms and behaviors consistent with a concussion. The U.S. Department of Human Services, Centers for Disease Control and Prevention has published the following lists of signs, symptoms and behaviors that are consistent with a concussion:

SIGNS OBSERVED BY OTHERS	SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness</li> <li>• Shows behavior or personality changes</li> <li>• Cannot recall events prior to hit</li> <li>• Cannot recall events after hit</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Nausea</li> <li>• Balance problems or dizziness</li> <li>• Double or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish</li> <li>• Feeling foggy or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> </ul>

These lists may not be exhaustive

3. What is a “*Health Care Provider*”? The Kansas Sports Head Injury Prevention Act defines a health care provider to be “a person licensed by the state board of healing arts to practice medicine and surgery.” The KSHSAA understands this means a Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO).
  
4. Return to Play or Practice Clearance Requirements:
  - A. The clearance must be in writing and signed by a health care provider.
  - B. The National Federation and the KSHSAA recommend the clearance should not be issued on the same day the athlete was removed from play.
  - C. The National Federation and the KSHSAA recommend that a student who has been removed from a practice or competition because the student suffered, or was suspected of suffering, a concussion or head injury **should complete a graduated return to play protocol following medical clearance before returning to unrestricted practice or competition.** The National Federation has included the following graduated protocol in its Suggested Guidelines for Management of Concussion in Sports. In most cases, the athlete will progress one step each day. The return to activity program schedule **may** proceed as below **following medical clearance**:
 

*Step 1:* Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.

*Step 2:* Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

*Step 3:* Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

*Step 4:* Full contact practice or training.

*Step 5:* Full game play.

If symptoms of a concussion re-occur, or if concussion signs and/or behaviors are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by their health care provider.

**This is simply a suggested protocol. The appropriate health care provider who issues the written clearance may wish to establish a different graduated protocol.**
  
5. Parents and students **ARE REQUIRED** to complete a Concussion & Head Injury Information Release Form and turn it into their school prior to the student participating in any athletic or spirit practice or contest each school year. Schools are required to have such form on file before a student may participate in a practice or competition.

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM  
2011-2012**

**This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.**

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 concussion 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.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>

<b>Signs observed by teammates, parents, and coaches include:</b>
<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>

**What can happen if my child keeps on playing with a concussion or returns too soon?**

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 (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling 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-athlete's 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 written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

**Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

**<http://www.cdc.gov/concussion/HeadsUp/youth.html>**

For concussion information and educational resources collected by the KSHSAA, go to:

**<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>**

_____	_____	_____
Student-athlete Name Printed	Student-athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date