Dear Parents and/or Guardians:

Students in grades 7-12 participating in athletics are required to complete a registration form and a PIAA Physical Packet. If you have not done so, click here to go to the on-line site to begin the process, which will include downloading, printing and completing this Physical Packet. You can return to the site to enter each child. Once you complete the online form, you cannot return to edit.

- Please review the instructions carefully – all forms within the packet should be completed, and we are encouraging families to scan and upload the documents to this site.

- If you have success uploading your student’s PIAA Physical Packet, you do not need to provide a hard copy to the Athletic Office. If you cannot upload, please submit your packet to the PRHS Athletic Office, 700 Warrendale Rd., Gibsonia, PA 15044. You should complete an online form for each student.

- The process must be completed with all supporting documents before a student can try out for or participate in a sport. NO EXCEPTIONS WILL BE MADE.

- Parents/Guardians must fill out and/or sign on 12 different pages throughout the packet, including 2 Sudden Cardiac Arrest acknowledgement forms and 2 Concussion Awareness forms.

- There are 27 pages in this packet, including this cover letter. Page 8 is the form for your physician to fill out. Pages 9 & 10 are UPMC Consent to Treat and HIPAA forms. Pine-Richland School District contracts athletic training services through UPMC Sports Medicine. These forms are required by the athletic training staff. Sudden Cardiac Arrest information and signatures can be found on pages 11 – 14. Signatures for Concussion Awareness are required on pages 18 and 20. Pages 21 – 27 contain additional information on concussions and answers to frequently asked questions.

- Online Registration/Fall Sports Physicals MUST be turned in by Aug. 5, 2019 for the opening of Fall Sports on Aug. 12, 2019.

- Online Registration/Winter Sports Physicals MUST be turned in by Nov. 11, 2019 for the opening of Winter Sports on Nov. 18, 2019.


- In addition, all sports physical exams must take place within the Commonwealth of Pennsylvania. OUT-OF-STATE PHYSICAL EXAMS WILL NOT BE ACCEPTED. Please mail all forms to the Pine Richland Athletic Office, Pine Richland High School, 700 Warrendale Road, Gibsonia, PA 15044, or drop off at the high school front office.

All sports physical exams must be completed using the forms in this packet. Other physical exam forms will not be accepted.

You may choose to have your student’s sports physical exam conducted at your private physician’s office. THE EXAM CANNOT HAVE TAKEN PLACE PRIOR TO JUNE 1, 2019. This is a PIAA state rule. Your student will not be allowed to try out or practice without a completed physical packet on file.
ATHLETIC INSURANCE INFORMATION: In the event that your child is injured, we would like to make certain that you are aware of school district procedures regarding injuries to athletes.

- The school district has purchased accident insurance for students participating in the interscholastic athletic programs, cheerleading and band members. The insurance purchased by the school district covers the first $100 of qualifying medical expenses.
- After the first $100, the student’s family insurance, if any, becomes the primary insurance. Should the limits of the student’s family insurance be exceeded, the insurance purchased by the school district will continue to cover qualifying medical expenses to the limits of the insurance.
- In case of an athletic injury, the student or parent/guardian should obtain an insurance claim form from the Athletic Office and should complete it by following the printed directions, which accompany the claim form. This form must be submitted within ninety (90) days from the date of the injury to:

  Goodwin & Gruber Agency, Inc.  
  Attn: James Gruber  
  300 McKnight Park Drive  
  Pittsburgh, PA 15237
INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1st and shall be effective, regardless of when performed during a school year, until the latter of the next May 31st or the conclusion of the current spring sports season.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

### SECTION 1: PERSONAL AND EMERGENCY INFORMATION

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<th>PERSONAL INFORMATION</th>
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<td>Student’s Name ___________________________</td>
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<td>Date of Student’s Birth: <strong><strong>/</strong></strong>/_______</td>
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<tr>
<td>Current Physical Address ___________________________</td>
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<td>Current Home Phone # (______)</td>
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<td>Fall Sport(s): ___________________</td>
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<th>EMERGENCY INFORMATION</th>
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<td>Parent’s/Guardian’s Name ___________________________</td>
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<td>Address ___________________________</td>
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<td>Secondary Emergency Contact Person’s Name ___________________________</td>
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<td>Address ___________________________</td>
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<tr>
<td>Medical Insurance Carrier ___________________________</td>
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<td>Address ___________________________</td>
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<tr>
<td>Family Physician’s Name ___________________________</td>
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<td>Address ___________________________</td>
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<td>Student’s Allergies ___________________________</td>
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<tr>
<td>Student’s Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware ___________________________</td>
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<tr>
<td>Student’s Prescription Medications and conditions of which they are being prescribed ___________________________</td>
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The student’s parent/guardian must complete all parts of this form.

A. I hereby give my consent for ___________________________ born on ________________, who turned ______ on his/her last birthday, a student of ____________________________________________ School and a resident of the ________________________________________ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

- Fall Sports
  - Cross Country
  - Field Hockey
  - Football
  - Golf
  - Soccer
  - Girls’ Tennis
  - Girls’ Volleyball
  - Water Polo
  - Other

- Winter Sports
  - Basketball
  - Bowling
  - Competitive Spirit Squad
  - Girls’ Gymnastics
  - Rifle
  - Swimming and Diving
  - Track & Field (Indoor)
  - Wrestling
  - Other

- Spring Sports
  - Baseball
  - Boys’ Lacrosse
  - Girls’ Lacrosse
  - Softball
  - Boys’ Tennis
  - Track & Field (Outdoor)
  - Boys’ Volleyball
  - Other

B. Understanding of eligibility rules: I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent’s/Guardian’s Signature ______________________________________________________ Date____/____/_____

C. Disclosure of records needed to determine eligibility: To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent’s/Guardian’s Signature ______________________________________________________ Date____/____/_____

D. Permission to use name, likeness, and athletic information: I consent to PIAA’s use of the herein named student’s name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent’s/Guardian’s Signature ______________________________________________________ Date____/____/_____

E. Permission to administer emergency medical care: I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians’ and/or surgeons’ fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school’s athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

Parent’s/Guardian’s Signature ______________________________________________________ Date____/____/_____

F. CONFIDENTIALITY: The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school’s athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

Parent’s/Guardian’s Signature ______________________________________________________ Date____/____/_____
What is a concussion?
A concussion is a brain injury that:
- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student’s brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been “dinged” or “had their bell rung.”

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

What are the symptoms of a concussion?
Concussions cannot be seen; however, in a potentially concussed student, one or more of the symptoms listed below may become apparent and/or that the student “doesn’t feel right” soon after, a few days after, or even weeks after the injury.
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should students do if they believe that they or someone else may have a concussion?
- Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents. Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- The student should be evaluated. A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- Concussed students should give themselves time to get better. If a student has sustained a concussion, the student’s brain needs time to heal. While a concussed student’s brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student’s brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.
- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  The right equipment for the sport, position, or activity;
  Worn correctly and the correct size and fit; and
  Used every time the student Practices and/or competes.
- Follow the Coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don’t hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student’s Signature _____________________________________________________________ Date __/__/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent’s/Guardian’s Signature _____________________________________________________________ Date __/__/____
SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

**Information about SCA symptoms and warning signs.**

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

**Removal from play/return to play**

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

____________________________________  __________________________________  Date____/____/_____
Signature of Student-Athlete                      Print Student-Athlete’s Name

____________________________________  __________________________________  Date____/____/_____
Signature of Parent/Guardian                      Print Parent/Guardian’s Name
SECTION 5: HEALTH HISTORY

Explain “Yes” answers at the bottom of this form. Circle questions you don’t know the answers to.

1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? Yes No
2. Do you have an ongoing medical condition (like asthma or diabetes)? Yes No
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Yes No
4. Do you have allergies to medicines, pollens, foods, or stinging insects? Yes No
5. Have you ever passed out or nearly passed out DURING exercise? Yes No
6. Have you ever passed out or nearly passed out AFTER exercise? Yes No
7. Have you ever had discomfort, pain, or pressure in your chest during exercise? Yes No
8. Does your heart race or skip beats during exercise? Yes No
9. Has a doctor ever told you that you have (check all that apply):
   - High blood pressure
   - Heart murmur
   - Heart infection
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) Yes No
11. Has anyone in your family died for no apparent reason? Yes No
12. Does anyone in your family have a heart problem? Yes No
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? Yes No
14. Does anyone in your family have Marfan syndrome? Yes No
15. Have you ever spent the night in a hospital? Yes No
16. Have you ever had surgery? Yes No
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis, which caused you to miss a Practice or Contest? Yes No
   - If yes, circle affected area below:
18. Have you had any broken or fractured bones or dislocated joints? Yes No
   - If yes, circle below:
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? Yes No
   - If yes, circle below:

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<tr>
<th>Head</th>
<th>Neck</th>
<th>Shoulder</th>
<th>Upper arm</th>
<th>Elbow</th>
<th>Forearm</th>
<th>Hand</th>
<th>Wrist/Ankle</th>
<th>Foot</th>
<th>Toes</th>
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<tr>
<td>Upper back</td>
<td>Lower back</td>
<td>Hip</td>
<td>Thigh</td>
<td>Knee</td>
<td>Calf/shin</td>
<td>Hand</td>
<td>Fingers</td>
<td>Ankle</td>
<td>Foot</td>
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20. Have you ever had a stress fracture? Yes No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Yes No
22. Do you regularly use a brace or assistive device? Yes No

23. Has a doctor ever told you that you have asthma or allergies? Yes No
24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? Yes No
25. Is there anyone in your family who has asthma? Yes No
26. Have you ever used an inhaler or taken asthma medicine? Yes No
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? Yes No
28. Have you had infectious mononucleosis (mono) within the last month? Yes No
29. Do you have any rashes, pressure sores, or other skin problems? Yes No
30. Have you ever had a herpes skin infection? Yes No

CONCUSSION OR TRAUMATIC BRAIN INJURY
31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? Yes No
32. Have you been hit in the head and been confused or lost your memory? Yes No
33. Do you experience dizziness and/or headaches with exercise? Yes No
34. Have you ever had a seizure? Yes No
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Yes No
36. Have you ever been unable to move your arms or legs after being hit or falling? Yes No
37. When exercising in the heat, do you have severe muscle cramps or become ill? Yes No
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? Yes No
39. Have you had any problems with your eyes or vision? Yes No
40. Do you wear glasses or contact lenses? Yes No
41. Do you wear protective eyewear, such as goggles or a face shield? Yes No
42. Are you unhappy with your weight? Yes No
43. Are you trying to gain or lose weight? Yes No
44. Has anyone recommended you change your weight or eating habits? Yes No
45. Do you limit or carefully control what you eat? Yes No
46. Do you have any concerns that you would like to discuss with a doctor? Yes No

FEMALES ONLY
47. Have you ever had a menstrual period? Yes No
48. How old were you when you had your first menstrual period? 50. Have you been hit in the head and been confused or lost your memory? Yes No
49. How old were you when you had your first menstrual period? 50. Have you been hit in the head and been confused or lost your memory? Yes No
50. Are you pregnant? Yes No

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<th>Explain “Yes” answers here:</th>
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I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student’s Signature __________________________________________________________ Date / / 

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent’s/Guardian’s Signature ________________________________________________ Date / / 
SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student’s comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student’s school.

Student’s Name_________________________________________ Age_________ Grade________
Enrolled in_________________________________________________School  Sport(s)________

Height________ Weight______ % Body Fat (optional) ______ Brachial Artery BP_____/_____ (_____/_____, _____/_____) RP____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student’s primary care physician is recommended.


Vision: R 20/_____ L 20/______ Corrected: YES NO (circle one)  Pupils: Equal_____ Unequal_____

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<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
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<tbody>
<tr>
<td>Appearance</td>
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<td>Eyes/Ears/Nose/Throat</td>
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<td>Hearing</td>
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<td>Lymph Nodes</td>
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<td>Heart murmur Femoral pulses to exclude aortic coarctation</td>
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<td>Physical stigmata of Marfan syndrome</td>
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<td>Foot/Toes</td>
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I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student’s HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student’s parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

☐ CLEARED  ☐ CLEARED, with recommendation(s) for further evaluation or treatment for:

☐ NOT CLEARED for the following types of sports (please check those that apply):

☐ COLLISION  ☐ CONTACT  ☐ NON-CONTACT  ☐ STRENUOUS  ☐ MODERATELY STRENUOUS  ☐ NON-STRENUOUS

Due to ________________________________________________________________

Recommendation(s)/Referral(s) _______________________________________

AME’s Name (print/type)________________________________________ License #____________
Address________________________________________________________ Phone ( )____________

AME’s Signature________________________MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE ___/___/___
As part of a contractual agreement with UPMC Sports Medicine, certified athletic trainers may aide in the prevention, recognition, evaluation, and treatment of athletic injuries. **Please note that the forms below have no relationship to your health insurance plan and in no way, influence your choice of medical care.** UPMC must have these forms completed to comply with privacy and standard consent to treat laws.

**1. UPMC Authorization for Release of Protected Health Information**

- I authorize UPMC to provide information related to the athlete’s care to family/school/team physicians, school nurses, coaches, athletic directors, school principals, EMS personnel, and such other persons as is necessary needed for them to provide consultation, treatment, establish a plan of care or determine whether the athlete may resume participation in school or sports activities.

- I authorize UPMC to use the athlete’s medical information for UPMC internal departmental reporting purposes.

- I authorize UPMC (including its hospitals, other entities and programs) to use medical or other information maintained on electronic information systems or stored in various forms about the athlete’s care, health care operations, or payment for treatment and services.

- I understand that the health record(s) released by UPMC may be re-disclosed by the facility/person that receives the record(s) and therefore (1) UPMC and its staff/employees has no responsibility or liability because of the re-disclosure and (2) such information may no longer be protected by federal or state privacy laws.

- I understand that this Authorization is in effect for a period of one year from the date signed by the athlete.

- I understand that this Authorization is in effect if the athlete is treated for an injury during off-season workouts; however, no time frame specified shall go beyond one year from the date of signature.

- I understand that I have the right to revoke this Authorization form at any time by sending a written request to UPMC at the location where the Authorization was provided.

- I understand that my decision to revoke the Authorization does not apply to any release of my health record(s) that may have taken place prior to the date of my request to revoke the Authorization. • I understand that I am entitled to a copy of this completed Authorization form.
(2) UPMC Consent for Treatment and Healthcare Operations

I consent to the provision of care. I understand that this care may include medical treatment, special tests, exams, evaluation, treatment, and rehabilitation of athletic injuries. I acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment and all results of any examination and/or treatment are kept confidential.

I understand and agree that others may assist or participate in providing care. This may include, but may not be limited to team physician, school nurse, and licensed physical therapists. Under the direction of a certified athletic trainer, college/university athletic training students and high school student aides may also provide care.

I acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment.

In the event of ImPACT baseline testing, I understand the ImPACT baseline testing provided by UPMC Sports Medicine is not intended to prevent, diagnose, or treat a concussion and is not to be administered following a possible concussion. If the athlete suffers a concussion, the administration of an ImPACT post-test is generally conducted at the discretion of the concussion specialist at their facility.

(3) UPMC Privacy Practices

I understand that copies of the UPMC Notice of Privacy Practices document are available at the school, can be sent in the mail upon my request or viewed at http://www.upmc.com/patients-visitors/privacy-info/Pages/default.aspx. I give UPMC and its designees permission to use my information as described in the UPMC Notice of Privacy Practices.

By signing below, I am acknowledging the above (1) Authorization for Release of Protected Health Information, (2) Consent for Treatment and Healthcare Operations, and (3) Notice of Privacy Practices.

__________________________________________    ___________________
Athlete signature              Date

__________________________________________    ___________________
Parent or guardian signature/relationship         Date

__________________________________________    ___________________
Parent or guardian signature/relationship         Date

For Office Use Only:
Sign here if patient failed to acknowledge receipt of Notice of Privacy Practices: ____________________
Reason given by patient for failure to acknowledge receipt of the Notice of Privacy Practices: __________________
What is sudden cardiac arrest?
Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?
There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?
Although SCA happens unexpectedly, some people may have signs or symptoms, such as:
- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?
There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)
The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.
- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.
Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.

- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_____________________________  __________________________  __________
Signature of Student-Athlete      Print Student-Athlete’s Name      Date

_____________________________  _____________________ ____   __________
Signature of Parent/Guardian      Print Parent/Guardian’s Name      Date
Sudden Cardiac Arrest Education and Information

What is sudden cardiac arrest?
Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

If not treated within minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation, an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).

How common is sudden cardiac arrest?
The Centers for Disease Control and Prevention estimate that every year there are about 300,000 cardiac arrests outside hospitals. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?
Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness;
- lightheadedness;
- shortness of breath;
- difficulty breathing;
- racing or fluttering heartbeat (palpitations);
- syncope (fainting);
- fatigue (extreme tiredness);
- weakness;
- nausea;
- vomiting; and
- chest pains.

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?
There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it. Symptoms are the body’s way of indicating that something might be wrong. Athletes who experience one or more symptoms should get checked out.

What is the best way to treat Sudden Cardiac Arrest?

- Early Recognition of SCA
- Early 9-1-1 access
- Early CPR
- Early Defibrillation
- Early Advance Care
Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student athletes safe while practicing or playing. The Act requires:

- Any student athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

☐ I acknowledge that I have reviewed and understand the symptoms and warning signs of SCA.

_________________________________  __________________
SIGNATURE       DATE
Athlete/Parent/Guardian Concussion Information Sheet and Acknowledgement Form

A concussion is a type of traumatic brain injury that disrupts normal functioning of the brain. A concussion can be caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities annually and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

The Safety in Youth Sports Act signed into law in November of 2011 mandates measures to be taken in order to ensure the safety of student-athletes involved in interscholastic sports in Pennsylvania. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The Act states that:

- A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall each school year, prior to participation by the student in an athletic activity, sign and return to the student's school an acknowledgment of receipt and review of a concussion and traumatic brain injury information sheet.
- A school entity may hold an informational meeting prior to the start of each athletic season for all ages of competitors regarding concussions and other head injuries, the importance of proper concussion management and how preseason baseline assessments can aid in the evaluation, management and recovery process.
- In addition to students, parents, coaches and other school officials, the informational meetings may include physicians, neuropsychologists, athletic trainers and physical therapists.
- A student who, as determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, licensed physical therapist or other official designated by the student's school entity, exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- The coach shall not return a student to participation until the student is evaluated and cleared for return to participation in writing by an appropriate medical professional.
- The governing body of a school entity may designate a specific person or persons, who must be appropriate medical professionals, to provide written clearance for return to participation.
- In order to help determine whether a student is ready to return to participation, an appropriate medical professional may consult any other licensed or certified medical professionals.
- Once each school year, a coach shall complete the concussion management certification training course offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Department of Health.
- A coach shall not coach an athletic activity until the coach completes a concussion management certification training course.
- The governing body of a school entity shall establish the penalties for a coach found in violation of the requirements of removing a player or returning to play.
Quick facts

- Most concussions do not involve loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk of another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- You can sustain a concussion even if you do not hit your head.
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion.
- Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

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 not only does not diminish, but 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).

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays or demonstrates short term memory difficulties.
- Unsure of game, score, or opponent.
- Exhibits difficulties with balance, coordination, concentration, and attention.
- Answers questions slowly or inaccurately.
- Demonstrates mood, behavior or personality changes.
- Unable to recall events prior to or after the hit or fall.

Symptoms of Concussions (Reported by Student-Athlete)

- Headache or “pressure” in head.
- Nausea/vomiting.
- Balance problems or dizziness.
- Double vision or changes in vision.
- Sensitivity to light and/or sound.
- Feeling sluggish, hazy, or foggy.
- Difficulty with concentration and/or short term memory.
- Confusion.
- Just not “feeling right” or “feeling down.”
Why should a student-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.

What should a student-athlete do if they think they have a concussion?
- **Don’t hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play to soon?
- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

What should you as a parent/guardian do if you think your athlete has a concussion?
- If you suspect that an athlete has a concussion notify the school and seek medical attention.
- Do not try to judge the severity of the injury yourself.
- Keep your athlete out of play until a health care professional, experienced in evaluating for concussions, says s/he is symptom-free and it’s OK to return to play.
- Rest is the 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, or playing video games, may cause concussion symptoms to reappear or get worse.
- Remember that after a concussion returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Should there be any temporary academic accommodations made for student-athletes who have suffered a concussion?
- To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:
- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
• **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.

• **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.

• **Step 4:** Noncontact training drills (e.g. passing drills). Student-athlete may initiate resistance training.

• **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.

• **Step 6:** Return to play involving normal exertion or game activity.

**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. It’s better to miss one game than the whole season.

For more information on Sports-Related Concussions and other Head Injuries, please visit the following websites:
www.cdc.gov/concussion
www.gopats.org
www.biapa.org
www.brainsteps.net
www.stopsportsinjuries.org/concussion
www.ncaa.org/health-safety
www.concussionwise.com/pennsylvania
http://www.portal.state.pa.us/portal/server.pt/community/grants___funding/14140/traumatic_brain_injury/666239

_____________________________          __________________________           __________
Signature of Student-Athlete                       Print Student-Athlete’s Name
Date

_____________________________           _________________________              __________
Signature of Parent/Guardian                       Print Parent/Guardian’s Name
Date

References:
1. The Centers for Disease Control and Prevention (CDC): “Heads Up Tool Kit for Youth Sports”
2. NCAA: “Concussion- A Fact Sheet for Student-Athletes”
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.

** Signing below acknowledges you have read this page and the previous page of concussion information. Please return only this signature page of this concussion section with the physical form and other pages, which require signatures.

** 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

TO LEARN MORE GO TO >> 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).
Frequently Asked Questions regarding Act 101: the Safety in Youth Sports Act

1. Are ALL Secondary Schools (i.e. Middle/High Schools) and Schools of Higher Education (i.e. Colleges/Universities) required to adhere to the Safety in Youth Sports Act?

The Safety in Youth Sports Act applies to all school entities as defined in Section 1602-A of the Act of March 10, 1949 (P.L. 30, No.14) and is not intended for the higher education level. According to the definition of “Interscholastic athletics” which is defined under the Public School Code of 1949, both nonpublic and public are required to adhere to this Act. See definition below.

Section 24 P.S. §16-1602-A. Definitions.—The following words and phrases when used in this article shall have the meanings given to them in this section unless the context clearly indicates otherwise:

**Association**: The Pennsylvania Interscholastic Athletic Association.

**Committee**: The Legislative Budget and Finance Committee.

**Council**: The Pennsylvania Athletic Oversight Council as established in Section 24 P.S. §16-1603-A.

**Interscholastic athletics**: All athletic contests or competitions conducted between or among school entities situated in counties of the second class, second class A, third class, fourth class, fifth class, sixth class, seventh class and eighth class.

**Nonpublic school**: A school, other than a public school within this Commonwealth, wherein a resident of this Commonwealth may legally fulfill the compulsory school attendance requirements of this act and Title VI of the Civil Rights Act of 1964 (Public Law 88-352, 78 Stat. 241).

**School entity**: A public school, school district, nonpublic school or private school in this Commonwealth other than a private or nonpublic school which elects not to become a member of the association.

(1602-A added Nov. 22, 2000, P.L.672, No.91)

2. If a rugby club is a school club does it fall under the Act?
This club would be considered “...sports activities sponsored by school-affiliated organizations,” and would, therefore be covered under the act.

3. **Does a youth school organization (pee wee/midget football in elementary school) fall under the regulations if they hold their games and practices on the high school fields?**

If the athletic activity is sponsored by a school-affiliated organization it is covered. The language of the Act seems to indicate that it is substance of the activity (e.g. athletic activity including interscholastic athletics and non-interscholastic athletics) and not the location that determines whether the activities falls within the scope of the Act.

4. **Interscholastic -Does it cover 7-12 grades only or can it also cover elementary schools?**

There is no language in the Act which limits the coverage to Grades 7-12. Rather the Act refers to a school entity. A school entity as defined by the Public School Code of 1949 is “A public school, school district, nonpublic school or private school in this Commonwealth other than a private or nonpublic school which elects not to become a member of the association.” 24 P.S. § 16-1602-A.

The Safety in Youth Sports Act defines what activities are specifically included in the definition of “Athletic Activity.” “Interscholastic Athletics” is the first enumerated item that is included under the definition of “Athletic Activity.” The Act provides “Interscholastic Athletics” as defined in the Public School Code of 1949. 24 P.S. § 16-1602-A.

The Interscholastic Activities Accountability chapter of the Public School Code of 1949 defines Interscholastic Athletics as: “All athletic contests or competitions conducted between or among school entities situated in counties of the second class, second class A, third class, fourth class, fifth class, sixth class, seventh class and eighth class. 24 P. S. § 16-1602-A. This seems to broaden the definition of interscholastic athletic to possibly include grades other than 7-12.

The Safety in Youth Sports Act does not contain language that limits its scope to grade 7-12.

5. **Under the definition of a physician who would make the decision to return to play....what education on concussion management is acceptable and where would they get this training?**

The Act specifically references training courses offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations, or another provider approved by the Department of Health. Links to approved training courses are available on the Department of Health website.

6. **Will the Department of Health offer concussion training? Who can attend? Will there be a charge to attend?**

The Department is in the process of developing regionally based concussion training. The training will be free of charge and will be open to all interested groups on a first come, first serve basis. For additional information see: [http://www.portal.state.pa.us/portal/server.pt/community/grants___funding/14140/traumatic_brain_injury/666239](http://www.portal.state.pa.us/portal/server.pt/community/grants___funding/14140/traumatic_brain_injury/666239)
7. **How do I go about having my concussion management training course approved by the Department of Health?**

   The Department has approved the concussion management training courses offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations and the Pennsylvania Athletic Trainers Society. In order to ensure the integrity and consistency of the information provided to coaches and athletes, these curricula will be the only training courses approved by the Department of Health. The Department will reexamine the need for approval of additional curricula in the second full year of implementation of the Act.

8. **How long is the online coaches training?**

   Approx. 20-30 minutes online. A certificate of completion is provided at the end.

9. **Who is responsible for monitoring the coaches’ penalties?**

   The governing body of a school entity.

10. **When a return to play note is provided, is there a specific person who must receive the note to allow the student to play again?**

   School entities must create and implement procedures to comply with the Act. This question would fall under procedures that the school entity must implement.

11. **How do I develop a policy for return to play? Is there a sample available?**

    Schools should collaborate with coaches, school administrators, school nurses and other interested parties to develop a policy for return to play. Having a policy in place will insure consistency of application. For an example to a model policy please see [http://www.biapa.org/site/apps/nlnet/content2.aspx?c=iuLZJbMMKrH&b=1843921&ct=11590269&notoc=1](http://www.biapa.org/site/apps/nlnet/content2.aspx?c=iuLZJbMMKrH&b=1843921&ct=11590269&notoc=1)

12. **Is it mandatory that each school entity develop a policy for return to play?**

    This is not mandated by the Pennsylvania Law.

13. **What is the BIAPA Model Policy?**

    In response to the passage of the Safety in Youth Sports Act, the Brain Injury Association of Pennsylvania (BIAPA) developed a Model Policy and Guidance for Pennsylvania Schools for Sports-Related Concussion/Mild Traumatic Brain Injury. This document is designed to provide guidance to Pennsylvania school boards of education in the development, establishment, and implementation of policies, protocols and programs for the prevention, detection, and treatment of Sports Related Concussion/Mild Traumatic Brain Injury.

14. **What is BrainSTEPS?**

    BrainSTEPS is a school re-entry program aimed at facilitating a return to school for students who have sustained a brain injury. BrainSTEPS teams work with schools to develop educational programs, academic interventions, strategy implementation and monitoring of students. BrainSTEPS stands for Strategies Teaching Educators, Parents, Students.
15. Is there an entity to which coaches will be reported when they are suspended?

This protocol is not addressed in the Act.

16. Do all coaches need to complete annual training or just the head coach (example- assistant coaches)?

All coaches must be trained.

17. What personnel are responsible for communicating that a concussion has been identified at a sporting event to other personnel at the district level (nurse, guidance, etc.)? Coach? Athletic Trainer? Athletic Director?

This protocol is not addressed in the Act.

18. Why does the act require that "medical personnel making return to play decisions must complete training in evaluation and management of concussion?"

The science of the evaluation and management of concussions has changed dramatically. In addition it is reasonable to expect that changes will continue to happen. It is imperative that medical professionals who are involved in the treatment of our student athletes be current in the most recent developments in this science.

19. How will the school entity know that the physician providing the medical note for return to play has been properly and recently trained in concussion?

This is not specified in the act.

20. Is there a school affiliated professional that would take a student through the step by step return to play progression or does this have to happen in an outpatient setting at a concussion clinic?

The Act does not specifically mention the step-by-step return to play. The language of the Act indicates that return to play evaluation and clearance is limited to appropriate medical professionals.

21. How will confidentiality of student’s medical information be protected if this information is shared with school officials?

Any provider who evaluates or treats a student with concussion must follow HIPAA guidelines in terms of the dissemination of Protected Health Information (PHI), which means that (in the case of a minor) a parent would have to sign a release of information form for the provider to communicate with the school.

22. Is the baseline for all athletes required or recommended? Is it for each sport played? Or is it once a year? Do you need parent permission for the baseline testing taken by the student?

Concussion baseline testing is not required under the Act.

23. In Pennsylvania who is considered a “licensed physician”? 

The Medical Practice Act defines Physician as: “A medical doctor or doctor of osteopathy. 63 P.S. § 422.2.

24. **How does the school know if a psychologist has been trained in concussion?**

   The school entity should develop a policy to ascertain this information.

25. **In terms of parents signing off on the information sheet: the new PIAA physical sheet includes a disclaimer on acknowledging that your child can sustain a concussion. If school entities ask if this is "good enough" to fulfill this requirement, is it?**

   The law states that students/parents shall sign and return an acknowledgement of receipt and review of a “concussion and traumatic brain injury information sheet” to the student’s school each school year.

26. **Is there a sample acknowledgement form available?**

   The Pennsylvania Department of Education (PDE) has developed a sample concussion information/acknowledgement form which has been reviewed and adopted by the PIAA. It can be accessed here:

   [http://www.portal.state.pa.us:80/portal/server.pt/gateway/PTARGS_0_75878_1235269_0_0_18/sample%20parent%20athlete%20acknowledgement%20form.pdf](http://www.portal.state.pa.us:80/portal/server.pt/gateway/PTARGS_0_75878_1235269_0_0_18/sample%20parent%20athlete%20acknowledgement%20form.pdf)

   Additionally, PDE has developed a sample return to play form which can be access here:

   [http://www.portal.state.pa.us:80/portal/server.pt/gateway/PTARGS_0_75878_1235270_0_0_18/Sample%20return%20to%20play%20form.pdf](http://www.portal.state.pa.us:80/portal/server.pt/gateway/PTARGS_0_75878_1235270_0_0_18/Sample%20return%20to%20play%20form.pdf)

27. **Who is policing, enforcing the coach violations and who is that reported to?**

   The school entities are responsible for policing and enforcing violations.

28. **The Act states, "medical personnel making return to play decisions must complete training in evaluation and management of concussion" - Is this just another way of saying they have to be evaluated by an appropriate medical professional trained in concussion? Because the phrase "must complete training" is confusing. It leads one to believe that these individuals don't already have those credentials and need to acquire them.**

   It is quite common to find physicians who have had no training in concussions. A physician, without current concussion training, would not know the protocol for dealing with a concussion.

29. **Who is responsible for collecting and keeping track that coaches have met their annual concussion management certification training course?**

   Each school entity is required to maintain that the appropriate information is maintained. If a coach is questioned for a violation of the Safety in Youth Sports Act for any reason the school will have to demonstrate that they have met the law. If not, the penalties would be enforced.

*The PATS ConcussionWise registry could be used to determine who has passed the course.*
30. Which students and parents or guardians need concussion education and how often?

All students participating in or desiring to participate in an athletic activity and the student’s parent or guardian shall each school year, prior to participation sign and return an acknowledgement of receipt and review of a concussion and traumatic brain injury information sheet. Athletic activity includes: 1) interscholastic athletics, 2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school entity, including cheerleading; club-sponsored sports activities and sports activities sponsored by school-affiliated organizations, 3) Noncompetitive cheerleading that is sponsored by or associated with a school entity, 4) Practices, interschool practices and scrimmages for all of the activities listed above.

31. Who is responsible for collecting and keeping track of the students and parents or guardians who must the sign concussion and traumatic brain injury information sheet?

Each school entity is required to ensure that the appropriate information is maintained.

32. Who is responsible for penalizing coaches in penalties of found?

The governing body of the school entity shall set and enforce all penalties. The Safety in Youth Sports Act clearly established minimum penalties for first, second, and third violations.

33. Should a coach wait until July 1, 2012 in order for their concussion education to be effective?

The Act states that the concussion education course must be taken each school year.

34. If coaches take a concussion course successfully, does that allow them to make Return to Play decisions if there is NO appropriate medical professional present?

No, the coach can remove them from play but the law specifically states that the coach shall not return a student to participation until the student is evaluated and cleared for return to participation in writing by an appropriate medical professional.

35. Who should determine if a concussion has occurred?

The appropriate medical professionals on-site should be used to determine whether a concussion has occurred.

This Act gives the official the opportunity to remove an athlete from a game to be examined by an appropriate medical professional to determine if a concussion has occurred. For example, if an official would see an athlete vomiting, unbalanced, confused, or struggling to get back into play he would refer to the appropriate medical professional onsite. At this point, the appropriate medical professional will evaluate the athlete and if they are in distress for any reason other than a concussion they may return to the game when fit to do so. Once the diagnosis of concussion has been determined, an athlete will not return to play. If an
appropriate medical professional is not available to determine if a concussion has, or has not, been sustained the athlete should not return to play until evaluated by an appropriate medical professional.

36. Are Athletic Trainers considered appropriate medical professionals?

Yes. Athletic trainers (ATs) are licensed health care professionals who are considered appropriate medical professionals as long as they are designated by a licensed physician trained in the management of concussions. Athletic trainers should have an established and delineated subsection on concussion included in their written protocol with their physician that discusses criteria on how concussions will be handled from assessment to establishing a safe return to play and school.