

# Concussion Legislation & Information Sheet

## Oklahoma Statute 24-155 of Title 70

July 1, 2010 the Oklahoma Legislature enacted new concussion legislation that affects all student athletes.

**THIS IS STATE LAW** -please make sure you understand your responsibilities.

- All CPS student-athletes must complete, and have on file, a “Concussion Information Sheet.”
- These “Concussion Information Sheets” must be completed annually, along with the physical
- The CPS Athletic Director will maintain a copy and record of each student athlete with respect to their concussion status
- If a copy is not on file, the student athlete is not eligible to participate
- If an athlete is removed from a game or practice due to a head injury, they must receive written clearance from a “licensed health care provider” **before** they can participate again.
- Student-athletes with a record of previous concussions will not be allowed to participate until cleared by a “licensed health care provider.”
- According to CPS, a “licensed health care provider” is identified as a M.D. or D.O.
- The Athletic Director will maintain a copy and record of each student athlete with respect to their concussion status.
- Please notify the Athletic Office of any head injury so it can be documented.

If a Certified Trainer makes the recommendation that an athlete **NOT RETURN** to participation, then the athlete **MUST** get writing clearance from a M.D. or D.O. before they can participate again. No one (coach, parent/guardian) can override the recommendation of medical personnel to re-enter an injured athlete.

## Concussion and Head Injury Acknowledgement Sheet

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet provided to you by the school district related to potential concussions and head injuries occurring during participation in athletics.

I, \_\_\_\_\_ (please print student's name) as a student-athlete who participates in athletics and I, \_\_\_\_\_ (please print parent/guardians name) as the parent/legal guardian have read the information material provided to us by the school district related to concussions and head injuries occurring during participation in athletics programs and understand the content and warnings.

Please indicate if you have been diagnosed with a concussion or head injury, or withheld from any type of athletic participation over the last three years due to a head injury.

\_\_\_\_\_ No, I have not had a concussion over the past three years

\_\_\_\_\_ Yes, I have had one or more concussions in the past three years

If yes, please indicate date, or dates, of each concussion from the last 3 years:

Were you cleared by a doctor to resume participation?

An athlete who has been removed from participation may not participate until they have been evaluated by a licensed health care provider (M.D. or D.O.) trained in the evaluation and management of concussion and receives written clearance to return to participation from that health care provider.

\_\_\_\_\_  
**Signature of Student-Athlete**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

# CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

## WHAT IS A CONCUSSION?

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been “dinged”

## WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

## HOW CAN I PREVENT A CONCUSSION?

- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards --- IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

## FOR MORE INFORMATION VISIT:

- [www.cdc.gov/TraumaticBraininjury/](http://www.cdc.gov/TraumaticBraininjury/)
- [www.oata.net](http://www.oata.net)
- [www.ossaa.com](http://www.ossaa.com)
- [www.nfhslearn.com](http://www.nfhslearn.com)

# MEDICAL CLEARANCE TO RETURN TO ATHLETIC PARTICIPATION

*Please print the following information:*

Name of M.D. or D.O. trained in the evaluation and management of concussions:	
Address:	
Phone Number:	
Student Athlete's Name:	
Date(s) of Evaluation for suspected concussion	

I have evaluated the student named above on the date(s) listed above. In my opinion as a M.D. or D.O. trained in the evaluation and management of concussions, the student named above is cleared to return to athletic practice and competition. Any limitations to this release are noted below.

Limitations (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M.D. or D.O. signature: \_\_\_\_\_

Printed name of M.D. or D.O.

Date: \_\_\_\_\_