



*One Township • One Community • One School District
For Over 100 Years...*

Athletic Emergency Action Plan

The South Middleton School District believes the athletic programs are an integral part of the total educational offerings. However, accidents and injuries are inherent with sports participation, and the proper preparation and rehearsal on the part of the coaching staff, athletic trainer, and others involved will enable each emergency situation to be managed appropriately and effectively. Emergency situations may arise at anytime during athletic practices, camps, or events. Expedient and proper action must be taken in order to provide the best possible care to the athletes in emergency and/or life threatening conditions. Preparation for emergency and/or life threatening conditions involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency response.

Through careful pre-participation screenings, adequate medical coverage, safe practice and training techniques, and other safety avenues; potential emergencies may be averted. However, accidents and injuries are inherent with sports participation. Proper preparation of the part of the coaching staffs, athletic trainer, and the athletic department will enable each emergency situation to be properly managed. The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. The athletic director should review these plans at least once a year with all athletic personnel.

Preparation is the key to responding to unexpected emergencies.

Current practice in the athletic department to address medical needs is as follows:

- Each coach is equipped with a medical emergency kit
- Each medical emergency kit contains;
 1. emergency procedures form
 2. list of supplies and coaches responsibility form
 3. First-Aid guide for coaches
 4. Athlete health record for all athletes on the team and consent for medical treatment form
 5. Blank accident form
 6. Medical supplies

When a coach leaves school campus for a contest, each coach is required to take the medical emergency kit with them. This practice is in place for athletic contests taking place during the school year. The goal of completing revisions to the current practice is to extend this plan into times when coaches and student-athletes are not accompanied by a trainer or out-of-season activities.

EMERGENCY PROCEDURES

- Have medical forms regarding injured student documenting any medical issues (such as asthma, allergies, heat related issues, concussion, etc.)**
- One of the coaches will notify the Athletic Director, Principal, Superintendent, or Assistant Superintendent regarding the emergency.**
- The Athletic Director and/or the Principal, if possible, will immediately go to the emergency scene.**
- Coaches will make sure students not involved in the emergency are under supervision.**
- One of the coaches will notify parents/guardians of injured students involved in the emergency.**
- Athletic Director, Principal, or one of the coaches will notify parents of the incident and actions needed to be taken.**
- One of the coaches will remain with injured student the entire time.**
- If needed, the transportation office will be notified and arrangements are in place to transport students back to campus.**
- The following statement is what is to be released to any individual who contacts the school for information. No other information may be given unless authorized by the Superintendent.**

An incident has occurred involving a South Middleton Student. No specific details or information can be released at this time. The school calling system will be activated for further information.

EMERGENCY PLAN INFORMATION SHEET

NAMES AND PHONE NUMBERS

	NAME/AGENCY	PHONE #	CELL PHONE #
All Emergencies	All First Responders	Call 911	
Police Department	PA State Police	717-249-2121	
Safety and Security Supervisor	Brian Shull		717-805-9976
Athletic Trainer	Ben Widder		717-226-1236
Team Physician	Dr. Chad Jumper	717-249-8300	
Athletic Director	Rachel Boyle	717-258-6484	443-350-2868
Principal	Dr. Joel Hain		717-448-2603
Assistant Principal	Erin Pittman		717-512-4456
Superintendent	Dr. Kevin O'Donnell		570-760-6617
Assistant Superintendent	Jason Baker		717-226-0036
Transportation	Joan Myers		717-418-4467
Business Manager	Tina Darchicourt	717-258-6484	717-706-0836

BASIC PROCEDURES

- Person with highest level of first aid skills stays with the injured person.
- Send someone with information (see below) to call for assistance.
- Remind caller to stay calm and tell him/her where the best entrance to reach the injured person is located.
- This person can also notify school personnel such as the athletic director and principal. He/she can call injured person's parents.
- Send a person to meet the medical emergency care people at predetermined entrance. Obtain necessary keys if needed.
- Send school personnel with injured person to hospital.
- Record all information about the incident.

EMERGENCY PLAN INFORMATION SHEET

WHEN CALLING FOR HELP

- Try to remain calm and speak slowly.
- Give your location and who you are.
- Tell what happened. Explain the injury.
- Tell where the injured person is located. Be specific.
- Tell them the best way to enter the field/building.
- Stay on the line to answer any questions.
- Contact other school personnel, such as the athletic director.

SOUTH MIDDLETON SCHOOL DISTRICT

**ACCIDENT REPORT
COMPLETE WITHIN 24 HOURS**

Student's name _____

Age _____ Grade _____ Homeroom # _____

Parent's name _____

Address _____ Phone # _____

Date and time of accident _____ Date reported to school _____

Under whose supervision was student at the time of accident?

Name _____ Title _____

Type of activity _____

Complete description of accident

Where did it occur? _____

How did it occur? _____

Nature of injury _____

Disposition of case (First Aid, sent to doctor, hospital, etc.)

Type of insurance coverage _____

(Signature of Teacher / Coach) (Date)

(Signature of Principal / Athletic Director) (Date)

(Signature of Nurse / Athletic Trainer) (Date)

PROCEDURES FOR EMERGENCY CARE OF BOILING SPRINGS H.S. INJURED ATHLETES

Emergency Action Plan

Injured Athlete

If injury is an **emergency, Call 911** from the nearest phone (locker room, office, etc.) Follow number I. below.

*
*
Immediate Care By:
Coach or Athletic Trainer
*
*
* * * * *

If injury is **not an emergency**, notify trainer, evaluate athlete, and determine appropriate action. Follow number II. below.

*
*
*
Notify Athletic Trainer
*

*
*
Call Parents
*

*
*
Physician Referral
*

*
Return to Athletic Trainer for Treatment/Rehabilitation

I. Serious Injury Requiring Immediate Medical Attention - Possible ERT's (Cardiac Arrest, Stroke, Shock, Fractures, Head/Neck Injuries, Seizures, Dislocations, and Others)

- A. Head Coach sends Assistant Coach to call for Athletic Trainer, AED, and/or Ambulance (911) if needed.
- B. Head Coach initiates CPR and First-Aid until Athletic Trainer, AED, or Ambulance arrives on the scene.
- C. Call Parents ASAP. Notify Administration immediately in the event of a life or death situation.
- D. Head Coach must fill out accident report and submit to Athletic Trainer when the Athletic Trainer is not the attending care-provider such as during away games or when off-duty.

II. Injury Requiring Medical Attention - But Not Immediately

- A. Head coach should send the injured player to the training room or send assistant coach to call for the athletic trainer.
- B. **In the event that the Athletic Trainer is off-duty or you are at a visiting school**
 - 1. Evaluate the Seriousness - Refer to First-Aid guide located in front of Emergency Forms Folder.
 - 2. Administer appropriate **First-Aid**
 - a. Wound Care - disinfect and apply a sterile bandage
 - b. Sprain/Strain - Rest, Ice, Compression, and Elevation
 - 3. Fill out **Accident Report** and submit to Athletic Trainer.
 - 4. Have the injured athlete report to the Athletic Trainer for follow-up evaluation/treatment.
- C. If in doubt, **Call Parents** and refer athlete to their Physician or ER (Transport via Parents Request ** Never Otherwise). If parents are unavailable, a staff member must accompany the athlete to the ER.

III. General Injuries

- A. Please report all injuries to the Athletic Trainer the day injured if possible.
- B. All injuries seen by a Physician must have written medical clearance before resuming participation.

Emergency Phone Numbers - 911 Ambulance

<u>Athletic Training Room</u>	258-6484 Extension 11033
<u>Mr. Widder, Athletic Trainer</u>	226-1236 cell
<u>Mrs. Boyle, Athletic Director</u>	258-6484 Extension 1007

	<u>Extension</u>
HS Nurse	1015
YB Nurse	4005
Boys Locker Rm (HS)	1023
Girls Locker Rm (HS)	1024 & 1034
Boys Locker Rm (YB)	4014
Girls Locker Rm (YB)	4011
Boys Locker Rm (IF)	2035
Girls Locker Rm (IF)	2023
Pool	1021 and 1022

Carlisle Hospital 249-1212

Carlisle ER 245-5500

FIRST AID GUIDE FOR COACHES

SPRAINS and STRAINS

Sprain - Putting a ligament(fiber connecting bone to bone) under such stress that it stretches or tears

Strain - Overextending a muscle or muscle attachment(tendon) to the point that it is damaged or torn

First Aid

R.I.C.E. **Rest, Ice, Compression, Elevation**

1. Rest - If it hurts don't use it until seen by the trainer or physician
2. Ice - Apply an ice pack for a minimum of 30 minutes immediately after injury and 20 minutes every 2 hours thereafter
3. Compression - Wrap from below the injury site to above the site with an elastic wrap to keep swelling away from the injured site. Wrap firmly but not so tight as to impair circulation.
4. Elevation - Keep affected area elevated above the level of the heart when possible. This may help to reduce the swelling.

SUSPECTED FRACTURE

Signs & Symptoms

Heard pop or snap; pain or tenderness; inability to move injured part; abnormal movement; obvious deformity; rapid swelling.

First Aid

1. Do not move injured area or attempt to straighten deformities
2. Do not bear weight on injured area
3. Splint injured area and stabilize joint above and below injured area
4. If an open wound accompanies the fracture, keep it clean, do not touch, and treat any hemorrhage appropriately
5. Apply ice if not an open wound

The only accurate diagnosis can be made with the assistance of an x-ray. If signs and symptoms are present, treat injury as a fracture and get person to a physician or emergency room.

SHOCK

Signs & Symptoms

- * Pulse rapid and weak
- * Breathing shallow and fast
- * Skin cool and clammy
- * Person disoriented and anxious

First Aid

1. Summon medical assistance immediately
2. Keep person lying down
3. Elevate extremities to increase blood flow to the heart and brain
4. Control climate; shade from sun if hot; keep warm above and below if cold
5. Give nothing by mouth

OVERUSE /TENDINITISS INJURIES

Signs & Symptoms

Mild to moderate muscle soreness during and/or after sport activity

First Aid

1. Ice massage followed by gradual stretching (2-3 times daily)
2. Rest
3. Anti-inflammatory medicine
4. Determine causative factors
 - *Too much/too soon*Improper footwear
 - *Inadequate flexibility
 - *Improper technique
 - *Inadequate strength
 - *Improper equipment/running surface
 - *Biomechanical factors (posture, bone alignment, inadequate arch support)
5. If discomfort and/or swelling persist, see the trainer

SEIZURES

Signs and Symptoms - Body tremors, convulsions, unconsciousness

First Aid

1. Remain calm, if victim is conscious, reassure them
2. Stay with victim until seizure ends
3. Do not move the victim unless they are near something dangerous that cannot be moved
4. Never try to force something between victim's clenched teeth
5. Do not try to restrain victim unless they are in immediate danger
6. Keep victim from becoming a spectacle. Reassure and reorient them following the seizure. Seek medical attention. If victim lapses into a second seizure without regaining consciousness from the first one (status epilepticus), transport immediately by ambulance and consider victim a medical emergency.

INSECT BITES / STINGS

Non-Allergic Person

1. Gently scrape away stinger
2. Apply ice pack without delay

Allergic Person - Anaphylactic Shock

Signs & Symptoms

- * Constricted feeling in throat and chest
- * Hives, nausea, confusion, anxiety

First - Aid

1. If known allergic, do not wait for symptoms. Seek medical assistance immediately.
2. Apply Ice pack without delay
3. Determine if person has prescribed medication with them

HUMIDITY / TEMPERATURE GUIDELINES

<u>Temperature</u>	<u>Humidity</u>	<u>Suggested Procedure</u>
80 - 90 F.	under 70%	Watch overweight athletes*
80 - 90 F. 90 -100 F.	over 70% under 70%	10 minutes rest every hour; watch all athletes for signs of heat stress*
90 - 100 F. over 100 F.	over 70% under 70%	Short practice in shorts/tee-shirt or no practice

* Drink plenty of fluids, especially cold water

HYPERVENTILATION

Signs & Symptoms:

- * Rapid, deep breathing
- * Numbness of hands and mouth
- * Mild, general chest discomfort

First - Aid

1. Calm person
2. Have person breath slowly into paper bag.
3. If labored breathing continues in spite of these measures, transport to local hospital

HEAT ILLNESS

Symptoms

Treatment

Prevention

HEAT CRAMPS	Muscle twitching and spasms	Force fluids; eat foods containing NaCl and K (i.e. potatoes and bananas)	Eat a well balanced diet; drink plenty of water; acclimate slowly to the heat
HEAT EXHAUSTION	Weakness; mental dullness; fatigue; weight loss; elevated body temperature; excessive thirst; pale, clammy skin	Provide rest, unlimited water and opportunities to cool off by taking off unnecessary outer clothing	Record weight before / after practice; rest, drink plenty of water (one pint of water for every pound lost)
HEAT STROKE (Medical Emergency)	Headache; dizziness; hot, dry skin; lack of sweating; vomiting; diarrhea; increase in pulse rate. Body temp 104 deg. and up	Cool the body immediately using cold water towels and ice packs to the arm pits, groin & back of neck. Treat for shock. Call 911	Monitor the environmental conditions-temp and humidity. Provide plenty of fluids; acclimate athletes slowly to hot environmental conditions

HEAD INJURY (CONCUSSION)

Never attempt to move an unconscious athlete !

Signs and Symptoms

- * Confusion
- * Drowsiness
- * Blurred vision
- * Nausea
- * Increasing level of headache
- * Unequal pupil size
- * Dizziness

Any Signs and Symptoms should be evaluated by medical personnel before being allowed to return to play

First - Aid : Seek immediate medical attention if:

1. Unconscious for more than 5 seconds
2. Fluid is coming from nose or ears
3. Paralysis or loss of sensation is found in any body part
4. Conditions worsen as time goes on
5. Vomiting occurs

HEART ATTACK

Priority medical emergency. Call 911 IMMEDIATELY !

Signs and Symptoms

- * Chest pains
- * Difficulty in breathing
- * Excessive sweating
- * Pale in color
- * Radiating pain to left shoulder, arm, neck or jaw
- * Fainting and / or unconsciousness

First - Aid

1. Call 911
2. Monitor vital signs (pulse, respiration)
3. Maintain open airway by proper head position (tilt head back)
4. Initiate CPR if person stops breathing and has no pulse

BLEEDING

First - Aid:

1. Wear latex gloves any time you may make contact with body fluids
2. Apply direct pressure to the open wound
3. If bleeding soaks through dressing, do not remove original dressing. Add new dressing on top of the old
4. Elevate injured area above the level of the heart if possible
5. Apply snug dressing and refer to a physician
6. If bleeding is profuse and persistent, apply direct pressure to arterial pressure point and get medical help immediately (911)
7. Dispose of all blood soaked items in a plastic bag labeled biohazard and give to medical personnel

EYE INJURIES

First - Aid:

- | | |
|----------|--|
| Burns - | <ol style="list-style-type: none"> 1. Immediately flush eye with water for 10 minutes 2. Cover eye with sterile dressing 3. Call for ambulance |
| Wounds - | <ol style="list-style-type: none"> 1. Call for ambulance 2. Do not remove penetrating object 3. Instruct patient/victim not to move eyes 4. Cover wounded eye with paper cup or similar object, cover other eye with gauze 5. Talk to patient to keep them calm |

INSULIN SHOCK

* Priority Medical Emergency - Call 911 Immediately !

Signs and Symptoms

- * Rapid onset - within minutes
- * Irritability

- * Skin pale and moist
- * Intense hunger

- * Confusion
- * Incoordination, trembling

First - Aid

1. Conscious Patient - Give large amount of sugar immediately in form of candy bar or glass of orange juice, followed by a complex carbohydrate meal
2. Unconscious Patient - Cannot swallow - do not give anything by mouth
3. Seek medical attention immediately

DIABETIC COMA

Signs and Symptoms

- * Gradual onset
- * Intense thirst
- * Rapid, deep respiration
- * Situation: patient has eaten but not taken insulin
- * Sweet, fruity odor on breath

First - Aid

1. Check wallet, bracelet, necklace for Emergency Medical Identification
2. Call 911

COLD STRESS

Frostnip:

Symptoms - Cold, painless areas that may peel/blister in 24-72 hours

Treatment - Do not rub. Maintain firm pressure of the hand on affected area; place fingers in arm pits to rewarm

Superficial Frostbite:

Skin pale, cold, waxy; may later blister & remain painful

Treatment - Gradual rewarming of tissue (may produce numbness, stinging, burning)

Deep Frostbite:

Symptoms - Frozen tissue; cold, hard, white, numb tissue

Treatment - Rapid rewarming; treat for shock

COLD STRESS

VITAL SIGNS

- Heart Rate
- Respiration
- Blood Pressure
- Skin Color
- Skin Temperature
- Pupil Response
- Level of Consciousness
- Dermatomes(Sensation)
- Myotomes(Movement)

LOW BP

- Hemorrhage(Bleeding)
- Shock
- Heart Attack
- Internal Organ Injury

RAPID WEAK PULSE

- Shock
- Bleeding
- Diabetic Coma
- Heat Exhaustion

RAPID STRONG PULSE

- Heat Stroke

SLOW STRONG PULSE

- Skull Fracture
- Stroke

NO PULSE

- Cardiac Arrest

HOT DRY SKIN

- Disease
- Infection
- Heat Stroke

COOL CLAMMY SKIN

- Trauma
- Shock
- Heat Exhaustion

BOILING SPRINGS HIGH SCHOOL - MEDICAL KIT SUPPLIES

1 ½" Tape	_____	Cotton Tip Appl.	_____
2" Elastic Tape	_____	Tongue Depressors	_____
Pre-Wrap	_____	Nasal Plugs	_____
Gauze Pads	_____	Latex Gloves	_____
Band - Aids	_____	Sani - Cloth	_____
Band - Aids (Lg)	_____	Antiseptic Spray	_____
Antibiotic Ointment	_____	Bandage Scissors	_____
Elastic Wrap	_____	Saline Solution	_____
Triangular Bandage	_____	Ice Bags	
Pen	_____	Emergency Folder	

EMERGENCY MEDICAL FOLDER

Emergency Procedures Form & Phone Numbers _____

List of Supplies & Coaches Responsibility Form _____

First - Aid Guide for Coaches _____

Athlete Health Record & Consent for Medical Treatment _____

Blank Accident Report Forms _____
(must be completed on all injuries that cannot be reported immediately to Mr. Widder)

I have received the above supplies and understand that it is my responsibility for the following:

1. I will return the medical kit for restocking when necessary.
2. I will not allow any players to treat themselves or access the medical kit.
3. I will complete an accident report for all injuries that are not seen by the athletic trainer on the same day as the injury occurred.
4. I will return all equipment within 2 days of the end of the season.
5. I have read and understand the Emergency Procedures.

Signature _____

Date _____

EQUIPMENT SIGN-OUT

Medical Kit _____

Emergency Medical Folder _____

Ice Chest _____

Water Cooler _____

Water Bottles _____

Other _____

PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION (CIPPE)

INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in the student's first sport in a school year, the student is required to complete a physical evaluation. Those students who choose to undergo a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) must have the appropriate person(s) complete the first four Sections of the CIPPE form and turn in to the Principal, or the Principal's designee of the student's school for retention by the school. Upon completion, any section may be copied and retained by the student and/or the student's Authorized Medical Examiner.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: A student completing a CIPPE, and seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 5 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, of the student's school will then determine whether Section 6 need be completed.

Section 1: Personal and Emergency Information

Student's Name _____ DOB ____ / ____ / ____ Age _____
2011-12 Grade _____

Address _____ Email _____

Father/Guardian _____ (H) _____ (W) _____ Cell _____

Mother/Guardian _____ (H) _____ (W) _____ Cell _____

Male / Female (circle one) Fall Sport: _____ Winter Sport: _____ Spring Sport: _____

Persons to contact if parent(s)/guardian(s) are not available to be contacted:

(1) _____ Phone _____ Relationship _____

(2) _____ Phone _____ Relationship _____

Family Physician _____ (MD or DO) Phone # _____

Medical Insurance Carrier _____ Policy # _____

Insurance Address _____ Phone # _____

Student's Allergies _____

Student's Prescription Medications _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware _____

In the event of an emergency requiring immediate medical attention, I hereby grant permission to any physician, dentist, or other medical personnel designated by the South Middleton School District Athletic Training Staff to attend to my son/daughter in the event that I am not available. I expect every effort will be made to contact me to receive my specific authorization before any emergency treatment or hospitalization is undertaken. This authorization does not include major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such treatment, are obtained prior to the performance of such surgery.

I have read and understand the above information and give my permission for the athletic training staff to access, treat, rehabilitate, and refer as appropriately determined by the above statement during the current school year.

Parent's/Guardian's Signature _____ Date _____

Section 2: PIAA Certification of Parent/Guardian

The student's parent/guardian must complete all parts of this form. **(Sign for all sports you intend on playing.)**

A. I hereby give my consent for (Name) _____ born on ____/____/____ who turned (age) _____ on his/her last birthday, a student of Boiling Springs School and a resident of the South Middleton public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 2011-2012 school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Sport	Signature of Parent or Guardian
Cheerleading - Grade 7-12 (Fall/Winter)	
Cross Country - Grade 7-12 (Fall)	
Field Hockey - Grade 7-12 (Fall)	
Football - Grade 7-12 (Fall)	
Golf - Grade 9-12 (Fall)	
Soccer - Grade 7-12 (Fall)	
Girls Volleyball Grade 9-12 (Fall)	
Basketball – Grade 7-12 (Winter)	
Swimming & Diving - Grade 9-12 (Winter)	
Wrestling - Grade 7-12 (Winter)	
Baseball – Grade 9-12 (Spring)	
Soccer – Grade 7-12 (Spring)	
Softball – Grade 9-12 (Spring)	
Track & Field – Grade 7-12 (Spring)	
Other Not Listed _____	

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 or Scrimmages and 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 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 reports of Inter-School Practices or Scrimmages and 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 or Scrimmages and 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.

Parent's/Guardian's Signature _____ **Date** ____/____/____

F. Understanding of risk of concussion and head injury: I hereby acknowledge that I am familiar with the nature and risk of concussion and head injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or head injury. Information relevant to concussion in high school sports is available on the PIAA Web site at www.piaa.org/piaa-for/sports-med.

Parent's/Guardian's Signature _____ **Date** ____/____/____