



City of Syracuse Parks & Recreation

Concussion Protocol, Consent and Release Liability

Effective 2/1/2016

The Syracuse Parks & Recreation Department is concerned about protecting the health and safety of participants during department-sponsored programs/activities (athletic and non-athletic) sponsored by the Syracuse Parks & Recreation Department.

Youth safety is the Department's primary concern. It is expected that everyone -- coaches, officials, program staff and parents -- shares responsibility in identifying any youth displaying the symptoms of a concussion and/or brain injury. However, while it is not expected that the official, coach, or staff member will make the determination that a concussion/brain injury has occurred, it is important to remove a youth from the event, as outlined below, if the youth shows signs or symptoms listed in this document.

Concussion Information

What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the participant has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion may include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

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

Participants with signs and symptoms of concussion should be removed from activity (play or program) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young participant especially vulnerable to sustaining another concussion. Participants who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to

heal are at risk for prolonged concussion symptoms, permanent disability and even death (called “Second Impact Syndrome” where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

What do I do if I suspect my child has suffered a concussion?

Any participant suspected of suffering a concussion will be removed from the activity immediately and assessed. The Parent/Guardian will be contacted and responsible to pick their child up if determined. No participant may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP) on the *City of Syracuse Parks & Recreation Concussion Return to Play Form*. The form must be returned to the Syracuse Parks & Recreation Department, 412 Spencer Street, Syracuse, NY. Phone (315) 473-4330/Fax (315)428-8513. An appropriate health-care professional (AHCP) is defined as a licensed physician (Medical Doctor, M.D.). Close observation of the participant should continue for several hours.

When can my child return to play or activity?

Following physician evaluation, the *return to activity process* requires the participant to be completely symptom free, and receive written medical clearance, with unrestricted activity, of an AHCP. For current and up-to-date information on concussions, visit <http://www.cdc.gov/headsup/youthsports/index.html>

Statement of Participant Responsibility

I accept responsibility for reporting all injuries and illnesses to my parents, Parks and Recreation staff and/or athletic trainer, associated with my program including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the program staff or athletic trainer immediately if I experience any of these symptoms or witness another program participant with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

_____/_____/_____
 Name of Participant (printed) Signature of Participant Date

_____/_____/_____
 Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Parent/Guardian Waiver

I UNDERSTAND AND ACKNOWLEDGE, as a Parent or Legal Guardian and as a Participant, it is important to recognize the signs, symptoms and behaviors of concussions. By signing this form I am stating that I understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

I HAVE READ the Concussion Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that the Participant must be removed from program/play if a concussion is suspected.

I UNDERSTAND that it is my responsibility to seek medical treatment if a suspected concussion is reported to me and that the Participant cannot return to program /play until providing written clearance from an appropriate health care provider to the Athletic Trainer or Program Supervisor. I understand the possible consequences of the Participant returning to program/play too soon.

X _____/_____/_____
 Signature of Parent/Guardian Date