

SPORT/STRENGTH AND CONDITIONING PARTICIPATION

MUSKEGO NORWAY SCHOOLS
2024-25 SCHOOL YEAR

STUDENT: _____

GRADE: _____

EMERGENCY TREATMENT

- The co-curricular staff, including athletic trainers, coaches/advisors, or other qualified personnel may apply first aid treatment for any injury sustained during participation in co-curricular programs sanctioned by the school.
- The athletic trainer may evaluate and treat other emergent or non-emergent student injuries or medical conditions brought to the athletic trainer's attention as they relate to the student's physical activity, conditioning or injury prevention.
- If staff, including athletic trainers, coaches/advisors, or other qualified personnel, determines that student is in need of immediate medical attention beyond that which can be provided by the staff at school and the student's parent/guardian or emergency contact cannot be reached, the staff may use their judgment in securing medical aid, including ambulance service, at my expense.
- I acknowledge that my participation in co-curricular activities involves a risk of injury, including bodily injury, and assume the risk for same. I have had an opportunity to understand the risks inherent in participation in this co-curricular activity through meetings, written handouts, or some other means.

_____ I understand the risks inherent in participation in this co-curricular activity.

_____ I accept full responsibility for my child's medical expenses caused by injury through participation in co-curricular activities.

STUDENT SIGNATURE

DATE: _____

PARENT/GUARDIAN SIGNATURE

DATE: _____

INSURANCE FOR STUDENT

_____ I acknowledge that my child has accident insurance coverage through a private insurance carrier.

_____ I do not have health insurance for my child. If you do not have private insurance, voluntary student accident coverage is available through a third party (https://www.k12specialmarkets.com/Enroll_1)

PARENT/GUARDIAN SIGNATURE

DATE

CONCUSSION MANAGEMENT

In accordance with Wisconsin’s Sidelined for Safety Act 172, we hereby acknowledge having read the Muskego-Norway School District Concussion Management Plan (attached and received) and have been informed of the signs, symptoms, and risks of a concussion. The student agrees to accept responsibility for reporting his/her injuries and illness to the coach/advisor, athletic training staff, parent/guardian, or other health care personnel including any signs and symptoms of a concussion. We acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until the student and parent/guardian have read this plan and consent to all Muskego-Norway School District concussion protocols.

STUDENT SIGNATURE
DATE: _____

PARENT/GUARDIAN SIGNATURE
DATE: _____

ATHLETICS PARTICIPATION FORM

ATHLETICS PHILOSOPHY:

The Athletics Program of the School District is a vital part of the educational system. The primary purpose of this program is to assist students in growing and maturing into responsible members of our school and community. The athletics program is, and will continue to be, an important part of school life.

Respect, courtesy, honesty, integrity, responsibility, pride, and good sportsmanship are basic to good citizenship and should form the basis for all behavior. Since students involved in athletics represent their school, their behavior frequently determines the opinion others have of their school and the individuals within that school community.

This athletics code outlines the standards for students participating in our athletics program. These include standards of behavior in the areas of school attendance, academic achievement, and proper conduct. In addition, as we look at society, we see that the use of tobacco, alcohol, and other drugs is widespread in our culture; as that use may be habit forming and harmful to an individual and society. As it is the responsibility of the school system to teach the dangers of usage and to discourage that use, it is logical to adopt a code that endorses that responsibility.

As students experience the privilege of participating in a athletics, they must also accept the responsibility of maintaining a set of standards that will bring credit to themselves, their family, their school, and their activity. The following are established policies that support the standards and expectations of our athletics programs. Deviation from the standards will mean suspension from part or the entire program. Unless otherwise described, the term "violation" in this code means a confirmed or admitted act.

ATHLETICS CODE:

This code has been endorsed and adopted by the School Board. Every student who wishes to become involved in the district's athletics Program agrees to abide by the conditions outlined. This code is in effect at all times, 12 months a year, 24 hours per day, 7 days per week, in season and off season, on or off campus, from the first day a student becomes involved in the athletics Program until such time that the student graduates from their school and has completed all school-sponsored activities.

VIOLATIONS:

- The possession or use of tobacco or tobacco products, nicotine, non-prescription inhalant/vaping devices, or any related products regardless of the substance/content, alcohol, drugs, drug paraphernalia, controlled or illegal substances, performance enhancing substitutes (PES), or the improper use of legal substances.
- Conduct, in or out of school, that brings discredit to the student, his/her parent/guardian, school, or activity/team.
- The above-stated conditions do not preclude an advisor or coach from creating additional guidelines and consequences specific to a given activity.

PROBLEM SOLVING PROCEDURE:

It has been stated that athletic participation is a microcosm of society. These activities enhance the overall educational experience of the student. The development of lifetime skills like honesty, integrity, respect, dedication, commitment, and loyalty are all important qualities for students to learn. One of the most important lifetime skills that can be developed through participation is problem solving. If we indeed believe that athletic programs mimic life, then the potential exists for conflict in interpersonal relationships. Conflict is an inevitable part of the human condition. Students should learn to embrace it as an educational opportunity. Although these skills are best developed in the home, the school district feels an obligation to reinforce their development and endorses the following guidelines for the benefit of healthy dialogue and resolution.

It is the student's responsibility to read and follow all rules of eligibility. These rules are posted on the school district website.

THE ATHLETIC PROGRAMS OF THE SCHOOL DISTRICT RECOGNIZES THE NEED FOR MAXIMUM STUDENT AND PARENT COOPERATION TO MAKE STUDENTS A SUCCESS. YOUR SIGNATURES/APPROVAL SIGNIFY THAT YOU HAVE READ AND UNDERSTAND THE ATHLETICS CODE AND THE RULES OF ELIGIBILITY AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. THE ABOVE INFORMATION IS A CONDENSED VERSION OF THE CO-CURRICULAR CODE CONTAINED IN THE STUDENT HANDBOOK.

LEGAL WAIVER AND RELEASE:

1. I give my permission for the above-named student to practice, compete and represent the school in any approved interscholastic sports.
2. I grant permission for any medical records pertaining to the health of the above-named student be made available as

necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.

3. It is recommended that information regarding your child's allergies and prescribed medications be made available.
4. We authorize consent between the athlete, parent/guardian, School District representative, Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital (through athletic training services) representative or any healthcare provider to discuss any pertinent information in regards to current or previous medical conditions, perform necessary evaluative procedures and secure treatment of injuries or medical conditions sustained through participation.
5. We further authorize the School District representative or Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital representative to take any necessary action in the case of an emergency. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility and the EMF to treat the condition in the event that we are physically unable to give consent ourselves.
6. We understand that participation in athletics provided by School District may result in injury, some of which could be serious including, but not limited to; concussion, permanent paraplegia, and death. Participants hold the responsibility to perform only approved safe techniques in practices and games or events.
7. Participants/Parents/Guardians have been educated on the signs, symptoms and care of concussions and agree to abide by school district concussion protocols.
8. We accept all risks associated with participation while using our facilities or services.

Having been cautioned and warned, we sign this document voluntarily, intelligently and with full knowledge of its legal consequences. Furthermore, we release the School District, the members of the School Board, and their respective employees and agents and Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital representatives from any liability and/or claims of negligence that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. We further understand that the School District does not provide accident insurance on behalf of participants in such athletics, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation does not lie with the District. We understand that this release will apply to myself, and personal representatives, heirs, and assigns.

Student Name: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

MUSKEGO-NORWAY SCHOOL DISTRICT - RANDOM DRUG TESTING PROGRAM
CONSENT/RELEASE FORM (DURATION OF HIGH SCHOOL CAREER)

Graduation Year: _____ Date of Birth: _____

Student Last Name: _____ Student First Name: _____

Parent/Legal Guardian Name(s): _____

Address: _____ City: _____

Home No.: _____ Work No.: _____ Cell No.: _____

CONSENT TO PARTICIPATE AND RELEASE INFORMATION

I, _____, am the parent/legal guardian of _____ (name of student), and I consent to my child's participation in the random drug testing program within the Muskego-Norway School District. I understand that as a condition of participation, my child will be subject to random drug testing pursuant to the Muskego-Norway School District's Random Drug Testing Policy.

We understand that the District will test for the presence of certain substances which may include alcohol, metabolites of nicotine, marijuana, opiates, cocaine, amphetamines, performance enhancers and phencyclidine (PCP). The District reserves the right to test for any other drug, within the meaning of the Policy, at the discretion of the School District Administration.

I consent to my child's participation in the Random Drug Testing Program pursuant to the terms of the District Policy. I also consent to the release of information concerning the results of the Random Drug Testing Program to the Muskego-Norway School District's personnel who hold a legitimate educational interest.

We understand that participation in the co-curricular program and/or holding a parking permit is a privilege and not a right and is subject to random testing under the District's Random Drug Testing Policy. **This form will be enforced for the duration of the student's high school career in accordance with the terms of Policy 5530.01, Random Drug Testing for High School Participants in Co-Curricular Activities and Students with Parking Permits.** Per Policy 5530.01, no student shall be expelled or suspended from school solely as a result of a verified positive drug test conducted by the school under this program. However, students with a verified positive drug test under this program will be subject to the conditions set forth in the Co-Curricular Code. Students with a parking permit with a verified positive drug test who are not participating in a co-curricular, under this program will have the permit revoked for eighteen (18) weeks.

Since my child has elected to become a member of the Muskego High School co-curricular program and/or hold a parking permit at Muskego High School, we agree to abide by the Random Drug Testing Policy. We understand that this release form is valid for the duration of our child's enrollment at Muskego High School. We have read and understand the Policy and statements above.

Signature of Parent(s)/Legal Guardian(s)

Date

Signature of Student

Date

AUTHORIZATION FOR USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

We do hereby authorize the Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital, Athletic Training Staff, to use and disclose the protected health information of the above athlete for purposes of participation in athletic training services. Protected health information will be used by those individuals participating in Athletic Training Services as well as the staff involved in sporting events.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

Right to receive copy of this authorization - I understand that if I agree to sign this authorization, I must be provided with a copy explaining: how we use and disclose your health information; your privacy rights with regard to your protected health information; and our obligations to you concerning the use and disclosure of your protected health information.

Right to refuse to sign this authorization - I understand that I am under no obligation to sign this form. If I choose not to sign this form, it will not limit my ability to participate in Athletic Training Services.

Right to Withdraw This Authorization - I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to Ascension Wisconsin, d/b/a Midwest Orthopedic Specialty Hospital. I am aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and/or organization(s) listed above have already made in reference to this authorization.

Re-disclosure - I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy standards.

I grant the athletic trainer permission to share protected health information as required in medical care situations with other healthcare providers involved in the care of the student.

This authorization is good through the period of the above athlete's participation in the Athletic Training Services.

We have had an opportunity to review and understand the content of this form. By signing this authorization, I am confirming that it accurately reflects our wishes.

Parent Name: _____

Parent Signature: _____ Date: _____

Student Name: _____

Student Signature: _____ Date: _____

PARENT AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Parent Agreement:

I, _____ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/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. I understand that my child cannot return to practice/play until they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.

I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Parent/Guardian Signature

Date _____

Sudden Cardiac Arrest

Sudden cardiac arrest is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life threatening.

What is Sudden Cardiac Arrest?

1. Occurs suddenly and often without warning.
2. An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
3. The heart cannot pump blood to the brain, lungs and other organs of the body.
4. The person loses consciousness (passes out) and has no pulse.
5. Death occurs within minutes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

1. Fainting/blackouts (especially during exercise)
2. Dizziness
3. Unusual fatigue/weakness
4. Chest pain
5. Shortness of breath
6. Nausea/vomiting
7. Palpitations (heart is beating unusually fast or skipping beats)
8. Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

**** Note that a student-athlete who exhibits unexplained fainting may be SCA because it is the number one warning sign of a potential heart condition. ****

There is potential for effective secondary prevention of sudden cardiac death by having automated external defibrillators (AEDs) easily accessible and trained staff available. The presence of trained individuals and access to AEDs at sporting venues provides a potential means of early defibrillation, not only for athletes but also for spectators, coaches, officials, event staff and other attendees in the case of sudden cardiac arrest.

It is advisable to have an **Emergency Action Plan** in place for all sport practice and competition sites that outlines the plan of action in case of the sudden collapse of an athlete. It is advisable to review and practice the emergency action plan with respective school personnel, coaches, on site medical personnel and local EMS.

Time is Critical: If not properly treated within minutes, SCA is fatal in 92% of cases.

Basic actions include:

1. have a cell phone available at all venues
2. immediately activate EMS
3. Immediately initiate continuous CPR (push hard, push fast, push often)

Your school's medical personnel (team physician, licensed athletic trainer, school nurse) and/or local EMS may wish to assist in the development and implementation, if not already in place, of the **emergency preparedness plan** for the management of the collapsed athlete. the "Inter-association task Force recommendations on emergency Preparedness and Management of sudden cardiac arrest in high school and college athletic Programs; a "**consensus statement**" is one source of guidance as to the development and implementation of an emergency action plan for the management of sudden cardiac arrest in an athlete.

What are ways to screen for Sudden Cardiac Arrest?

1. The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
2. The WIAA Pre-Participation Physical Evaluation – Medical History form includes ALL 12 of these important cardiac elements and is mandatory bi-annually.
3. Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

MUSKEGO-NORWAY SCHOOL DISTRICT
OFF-CAMPUS RUNNING PROGRAM
RULES OF THE ROAD

The following rules have been designed for Muskego-Norway School District students who train off campus. As a result of the unique training needs of the athlete, certain cautions and responsibilities must be communicated to improve safety and enjoyment of the sport. Both the student and parent must read and approve this document before participation may begin.

- 1) Whenever possible, run on the sidewalk.
- 2) When no sidewalk is available, run on the LEFT side of the road (facing traffic) and as far onto the shoulder as possible. **NEVER** run in the actual path of traffic.
- 3) When you are running with others, line up single file.
- 4) Watch for cars any time you are crossing the street or going through an intersection. Look both ways. Just because a teammate starts to cross does not guarantee a safe crossing.
- 5) When in doubt, don't cross. Always assume the car does not see you.
- 6) Be aware of your surroundings. When you are in a neighborhood, your behavior is not only a reflection of you individually, but of the team and school collectively. Be an ambassador of MHS! This includes language (your voices carry a lot farther than you realize), comments, or actions that bring discredit to our program. Never step on personal property, and pay attention to pets. Leave them alone and keep your distance.
- 7) Never run on the "blind curve" on Woods Road.
- 8) When in the Park doing hill workouts:
 - Everyone on the team shouts when there is any sort of vehicle/bike approaching.
 - Everyone on the team goes into the grass on your right when any type of vehicle/bike passes.
 - Everyone on the team stops running while in the grass until the vehicle/bike passes.

I desire to voluntarily train off the school campus. In consideration for me being granted permission to train off campus, I agree as follows:

- I understand that training off campus, by its very nature, carries with it certain inherent risks of injury that include, but are not limited to concussion, quadriplegia, paraplegia, bodily injury and death. **I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby acknowledge and agree that my participation is voluntary and that I knowingly assume all such risks.**
- In consideration of permission for me to voluntarily train off campus, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Muskego-Norway School District, and its School Board, officers, directors, employees, agents, volunteers, and insurers (the 'RELEASED PARTIES') from and against any and all claims, demands, actions, or causes of action of any kind or character, including but not limited to, damage to personal property, or personal injury, bodily injury and/or death, which may result from my participation in the above-listed activity. This release includes, but is not limited to, claims based on the negligence of the RELEASED PARTIES, but expressly does not include claims based on the intentional or reckless conduct by the RELEASED PARTIES.

I HAVE READ EACH OF THE ABOVE PARAGRAPHS CAREFULLY, AND I ACKNOWLEDGE THAT I HAVE THE OPPORTUNITY, IF I WISH, TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

STUDENT NAME: _____ GRAD YEAR _____

MUSKEGO HIGH SCHOOL

TRANSPORTATION GUIDELINES FOR ATHLETES IN ALL SPORTS DURING THE 2024-25 SCHOOL YEAR

When students are responsible for transporting themselves to practices, home and/or away contests they may do so under the following conditions:

- All drivers must possess a valid Wisconsin driver's license.
- Transportation provided in private vehicles must be indemnified by the personal accident and injury insurance of the owner or the driver.
- All drivers must exercise caution when driving and obey all traffic laws and all in the car must wear seat belts.
- The Muskego-Norway School District is not liable for injury, loss, accident, illness or damage incurred by drivers or passengers in vehicles.

We have read and agree to abide by the conditions described above. I give permission for my student to drive or be driven by a member of our team. Furthermore, we release the Muskego-Norway School District, the members of the Muskego-Norway School Board and their respective employees, agents and assigns from any claim of liability or negligence for injury, illness or accident that may occur as a result of this practice. I agree to release and hold harmless the Muskego-Norway School District and its agents, employees and representatives from liability from any and all loss or expense, including costs and attorneys fees, for any damages caused by injury to my son/daughter or his/her property resulting from utilizing the above-referenced travel. I agree to indemnify the Muskego-Norway School District for any and all loss, damages, or expense, including costs and attorneys fees, incurred by the Muskego-Norway School District for any action commenced by me or on behalf of me or for any action commenced by my son/daughter resulting from utilizing the above-referenced transportation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

STUDENT NAME: _____ GRADE: _____

STRENGTH AND CONDITIONING (MUSKEGO POWER)

To be eligible to participate in the Strength and Conditioning Program, the student must view a safety video, have a current physical form on file, maintain regular attendance (three unexcused absences will result in dismissal for the remainder of the session), have a program and follow the program for safety reasons or be removed from the program, and provide a lock if not in a PE class. Parent/guardian and student are aware and accept the various risks of injury involved in participation in the program. We understand these risks can include but are not limited to spinal cord injury, which may result in paralysis or other permanent injuries including death. Student must follow the posted program unless changes have been made specifically by the instructor. Student will ask the instructor to explain or demonstrate all exercises before they are performed. Student will report all injuries to the instructor before he/she leaves the weight room for the day. Student will never train in the weight room alone or without the supervision of MHS personnel.

Parent/guardian and student acknowledge that we have read and understand the above statements of assumption of risk. Having been cautioned and warned of the inherent risks in participation, we fully understand and agree to participation in the MHS strength and conditioning program. Furthermore, we release the Muskego-Norway School District, the members of the Muskego-Norway School Board, and their respective employees and agents from any liability for negligence and claims for injury or illness that may occur which is in any way related to my child's participation. We further understand that the Muskego-Norway School District does not provide health insurance on behalf of participants and that the responsibility for medical coverage for any injury or illness sustained as a result of participation does not lie with the District. We understand that this release will apply to myself and personal representatives, heirs and assigns.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Concussion Management Plan

Contents

The Concussion Management Plan serves as a standard for concussion management.

The following components will be outlined as part this concussion management plan:

Section 1:	Wisconsin Act 172 & Concussion Overview
Section 2:	Concussion Education
Section 3:	Pre-Season Concussion Assessment
Section 4:	Concussion Action Plan
Section 5:	Additional Resources

Section 1: 2011 Wisconsin Act 172

Because of the health risks associated with concussion and other head injuries and the frequency at which such injuries occur in youth athletic activities, the Wisconsin Legislature has enacted a state law that is intended to ensure that coaches, parents and athletes are provided with important concussion-related information and that athletes receive appropriate attention when a concussion occurs or is suspected. A “youth athletic activity” is defined as an organized activity in which participants are engaged in an athletic game or competition against another team, club or entity, or practice or preparation for an organized athletic game or competition against another team or entity. This includes school-sponsored sports as well as other organized youth athletic activities in the schools or community that meet the definition.

Concussion Overview: What is a Concussion?

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. This affects the way an individual thinks, acts, behaves, and the physical skills needed to function on a daily basis. Each concussion is unique to each person, but there are some common signs and symptoms to be aware of to determine if an individual has a concussion.

- A concussion is a brain injury and all are serious.
- Most concussions occur without loss of consciousness.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

What are the Signs and Symptoms of a Concussion?

Once a concussion is sustained, more signs and symptoms can develop in the next 24 hours, even in the next week. The severity and side effects of this brain injury will vary depending on the individual. Concussion symptoms may appear mild, but can lead to lifelong problems mentally, physically and psychologically if not managed correctly. A person can have signs and symptoms of a concussion without the loss of consciousness. Symptoms of a concussion can last for less than 1 day or up to 3 weeks or more. Most of the time, images taken with a CT, MRI or CAT scan appear normal and do not show the physiologic changes that occur to the brain with a concussion. Image studies are done to rule out other head injuries, such as skull fractures.

Signs	Symptoms
<p>Appears dazed or stunned</p> <ul style="list-style-type: none"> o Is confused about assignment or position o Forgets an instruction o Is unsure of game, score, or opponent o Moves clumsily o Answers questions slowly o Loses consciousness (<i>even briefly</i>) o Shows mood, behavior, or personality changes o Can't recall events <i>prior</i> to hit or fall o Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> o Headache or "pressure" in head o Nausea or vomiting o Balance problems or dizziness o Double or blurry vision o Sensitivity to light o Sensitivity to noise o Feeling sluggish, hazy, foggy, or groggy o Concentration or memory problems o Confusion o Does not "feel right" or is "feeling down"

When in Doubt, Sit Them Out.

There is nothing that truly prevents a concussion. Measures can be taken to reduce the risk of a concussion occurring. **The biggest way to prevent concussion is to know the signs and symptoms and educate other parents and coaches about concussions.** When an athlete knows when something is wrong and comes forward at the first sign of a concussion instead of continuing to play, the recovery time, magnitude of the brain injury, and the potential for long-term after effects of the brain injury are reduced.

Educating the athletes and the people around those athletes about concussion is a huge prevention technique. **Teach an athlete that it is not smart to play with a concussion.** It's important to teach athletes, parents, coaches, aunts, uncles etc. that putting pressure on an athlete to return too early from a concussion is not helping the athlete; it's making it worse. If an individual has a concussion, his/her brain needs time to heal. By making sure an athlete returns sign and symptom-free and performs a gradual return-to-play progression, a repeat concussion can be prevented.

Also keep track of concussions. If an individual has multiple concussions, and each subsequent concussion took less force to produce, that is a warning sign that the brain was not given enough time to heal before that person returned to play.

Properly fitting equipment is another way to reduce the risk of concussion. However, it should be noted that helmets do NOT prevent a concussion. Helmets prevent facial injuries and skull fractures. The second most important way to reduce the risk of concussion is proper technique for hitting or contact. For example, if athletes lead with their head when making a tackle, then they are at a significantly higher risk for a concussion and/or a neck injury. **WI State Law and Muskego Norway School District require an immediate removal from activity and medical evaluation of an individual suspected of having a head injury.**

Section 2: Concussion Education

a.) Background Information: At the beginning of an individual sport season, student-athletes and/or parent/guardian, shall be presented with the Concussion Management Plan and will be required to review the Plan with a parent or guardian. Additional resources are also available

including materials from the CDC at: <http://www.cdc.gov/concussion>, and the Department of Public Instruction at: <http://dpi.wi.gov/search/node/concussion> resources.



b.) Consent: All student-athletes and their parents/guardians will sign a statement or certify electronically where available, that they have received and reviewed the Concussion Management Plan which requires the student-athlete to accept responsibility for reporting his/her injuries and illness to the coaching/athletic training staff, parents, or other health care personnel including any signs and symptoms of a concussion. The student-athlete will be prohibited from participating in any practices or participating in any athletic activity until this agreement is signed.

c.) Training: It is required that each year the schools' administrative staff, coaches, Licensed Athletic Trainers, school nurse and other appropriate personnel, shall review the Concussion Management Plan as well as any new information found on the CDC website at: <http://www.cdc.gov/concussion>. Annually, each coach is prohibited from working with any student athlete until he/she submits a signed acknowledgement of having received education about the signs, symptoms, and risks of sports related concussions. All coaches will be required to complete an online course indicated on concussions prior to working with student-athletes. The "Concussion in Sports: What You Need to Know" on-line course is available free of charge after registering at <http://www.nfhslearn.com>. It is an expectation that all coaches utilize the CDC pocket guide on the field to assist them in recognizing a possible concussion.

All school personnel, who as part of their job responsibilities are to provide any level of care to students in the school health room, will be required to participate in mandatory training regarding the recognition of the signs and symptoms of a concussion. As determined by Muskego Norway Public Schools, repetition of the training may be required in subsequent years.

Section 3: Pre-Season Concussion Assessment

a.) Optimally a concussion history should be included as part of all of the student/athlete's pre-participation physical health examinations with their health care professional.

b.) Neurocognitive Testing: Pre-season Sportgait Baseline for concussions is required of high school athletes in contact sports, all others will be optional. Muskego Norway Public Schools has chosen to partner with Midwest Orthopedic Specialty Hospital for this purpose. Neurocognitive testing may be administered by the school's Licensed Athletic Trainer or other designated school personnel trained in test administration.

c.) It is recommended that every year, high school student-athletes complete a baseline assessment prior to the beginning of the school year or their individual sports seasons as appropriate.

Section 4: Concussion Action Plan

a.) Concussion or Head Injury Sustained during Organized Athletic Activities

1. When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed immediately from practice or competition and evaluated by school personnel or other credentialed health care professional with specific training in evaluation and management of concussion.

2. Immediate referral of Emergency Medical Services (911) should be provided for any of the following “Red Flag Signs or Symptoms.”
 - Loss of Consciousness
 - Seizure-like Activity
 - Slurring of Speech
 - Paralysis of limb(s)
 - Unequal pupils or dilated and non-reactive pupils
 - At any point where the severity of the injury exceeds the comfort level of the on-site medical personnel.
3. Where possible, the athlete shall be evaluated on the sideline by the Licensed Athletic Trainer or other appropriate health care professional that is credentialed in utilizing SCAT5 (Sports Concussion Assessment Tool version 5).
4. Parents/guardians and the school principal will be notified in writing if the student-athlete displays any signs or symptoms consistent with a concussion.
5. A student-athlete displaying any sign or symptom consistent with a concussion shall be withheld from practice and shall not return to the activity until receiving clearance from a physician or credentialed health care provider trained in concussion management.
6. A student-athlete with a concussion shall provide his/her coach and school principal with information from their physician or credentialed health care provider in concussion evaluation, regarding their level of impairment as it relates to classroom participation and Return to Play. School personnel will convene to determine any necessary classroom accommodations.
7. **Return to Play: Wisconsin’s Sidelined for Safety Act 172**

Under this act, if an individual is removed from the activity, he/she “may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.” For the entire Act 172, please visit the Wisconsin Legislature site at <https://docs.legis.wisconsin.gov/2011/related/acts/172>.

Once an individual is sign and symptom free for at least 24 hours and a physician or medical professional trained in concussion management has evaluated and cleared the athlete, a stepwise return to play progression can get started. Below is the Return to Play Progression to be completed under the supervision of a medical professional:

- STEP 1. Sign and Symptom free for at least 24 hours
- STEP 2. 15-20 minutes of light stationary biking, elliptical or treadmill jogging.
- STEP 3. 45-60 minutes of strenuous activity such as sport specific drills with cones or ladders.
- STEP 4. Non-Contact drills in uniform. Ok to try weight lifting if appropriate.

STEP 5. Full practice with contact

STEP 6. Full Game.

Returning to play before an individual is sign and symptom free can result in Post-concussive Syndrome 2nd Impact Syndrome, or possibly Death. Returning too soon from a concussion can also leave an individual more susceptible to further concussions.

b.) Concussion or Head Injuries Sustained Outside of Organized Athletic Activities:

Any staff member who receives a report from a student or parent that a concussion has occurred needs to refer it to the school administrator immediately. If a student reports a head injury or is observed sustaining a head injury at school, he/she must be immediately assessed and treated if appropriate. When the student sustains any type of head injury, the student's parent(s)/guardian will be contacted and provided important concussion-related information and asked to provide the school with follow-up information regarding a confirmed concussion. If a concussion is confirmed, school personnel will meet to determine any necessary classroom accommodations.

Section 5: Additional Resources

- Wisconsin Department of Public Instruction(<https://dpi.wi.gov/sped/program/tbi/concussion>)
- Centers for Disease Control and Prevention
(https://www.cdc.gov/headsup/basics/concussion_symptoms.html)
- WI Interscholastic Athletic Association
(<https://www.wiaawi.org/Health/Concussion-and-Sudden-Cardiac-Arrest-Information>)
- National Federation of State High School Associations
(<https://nfhslearn.com/courses?searchText=concussion>)
- Dr. Walters Interview (<https://www.youtube.com/watch?v=3p9iqEiJrGc>)