



CCPS High School Marching Band Consent and Liability Release Form

Concussion Guidelines & Information

What is a concussion?

Concussion is a brain injury. Concussions are most often caused by a sudden direct blow or bump to the head.

The brain is made of soft tissue, cushioned by spinal fluid, and encased by the skull. An impact to the head can jolt your brain causing a concussion. Traumatic brain injuries, such as a concussion, can cause bruising, damage to the blood vessels, and injury to the nerves. If you have suffered a concussion, possible indicators are (but not limited to): vision disturbance, loss of equilibrium, or you may fall unconscious. NOTE: 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.

If your student reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child/ward should be immediately removed from strenuous activity, 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 student has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can 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 a student continues to participate with a concussion or returns too soon?

Students with signs and symptoms of concussion must be removed from activity (play or practice) immediately. Continuing to participate with the signs and symptoms of a concussion leaves them vulnerable to sustaining another concussion. Students 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 should one do if it is suspected that a student has suffered a concussion?

Any student suspected of suffering a concussion must be removed from the activity immediately. No student 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). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), or a licensed physician's assistant under the direct supervision of a MD/DO (as per Chapters 458 and 459, Florida Statutes). Close observation of the student should continue for several hours. You should also seek medical care and inform your child/ward's responsible teacher if you think that your child/ward may have a concussion. Remember, it's better to miss one day than to have their life changed forever. When in doubt, sit them out.

When can the student return to play or practice?

Following physician evaluation, the return to activity process requires the student to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Heat-Related Illness Guidelines & Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body’s way of cooling itself, but when a person’s body temperature rises rapidly, sweating is not enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body’s temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids (water). Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body’s salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

Symptoms of heat-related illness may include:

- Fainting (Unconsciousness)
- Throbbing headache
- Dizziness and light-headedness
- Lack of sweating despite the heat
- Red, hot, and dry skin
- Muscle weakness or cramps
- Nausea and vomiting
- Rapid heartbeat, which may be either strong or weak
- Rapid, shallow breathing
- Behavioral changes such as confusion, disorientation, or staggering
- Seizures

PARENTAL/GUARDIAN CONSENT TO PARTICIPATE AND RELEASE FROM LIABILITY

I hereby give my consent for my child, as a Collier County School District (“the District”) high school student, to participate in District music performance assessments, extracurricular, or co-curricular music activities (including marching band, color guard, drum line, and so on). I and my child have reviewed the Florida School Music Association (FSMA) Rules and Regulations pertaining to eligibility (available at www.flmusiced.org under FSMA Rules and Regulations). I and my child recognize that he/she must follow all District policies, rules, and procedures, including the Code of Student Conduct.

In providing consent, I am aware of the risks involved in such participation. We both understand that injury, including the potential for a concussion head-related illness, of any other injurious events, is possible in such participation, and choose to accept the risks involved. I voluntarily accept any and all responsibility for my child’s safety and welfare while participating in these activities, with full understanding of the risks involved. Accordingly, I hereby release and hold harmless the District School Board, its employees and agents, the adjudicators of the sanctioned event from any and all responsibility and liability for any injury or claim arising from such participation and agree to take no legal action against the District because of any accident or mishap involving my child’s participation.

In this regard, I authorize the District to review all academic records relevant to my eligibility including, but not limited to, my records relating to enrollment and attendance, age, discipline, finances, residence, and physical fitness. I also authorize the use or disclosure of all health information relating to my child should treatment for illness or injury become necessary. This shall include emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the District with respect to participating in the activities noted above. Finally, if I have knowledge about the risk of continuing to participate if such an injury is sustained without proper medical clearance, I will inform the District accordingly, as well as, of any other underlying medical condition of which I am aware.

Name of Student (Printed)

Name of Parent/Guardian(Printed)

Signature of Student

Signature of Parent/Guardian

Date Signed

Date Signed