

**DOLGEVILLE CENTRAL SCHOOL
 INTERSCHOLASTIC ATHLETIC PROGRAM
 Mild Traumatic Brain Injury (MTBI)/Concussion Information and Consent**
 Note: This form must be completed once annually for each student-athlete.

Definition:

A Mild Traumatic Brain Injury (MTBI) or concussion results from the brain moving back and forth or twisting rapidly inside the skull.

How MTBIs/Concussions May Occur:

Essentially, a MTBI or concussion results from the brain moving back and forth or twisting rapidly inside the skull. This can occur by a direct impact or blow to the head, but can also occur from a jolt or force anywhere on the body that can be transmitted to the head/brain.

Signs and Symptoms:

The attached document, "Concussions: The Invisible Injury" from NYSPHSAA provides a comprehensive list of symptoms. Please read this list carefully.

Preventing MTBIs/Concussions:

Protecting students from head injuries is one of the most important ways to prevent a concussion. Although the risk of a concussion may always be present with certain types of activities, risk can be minimized by:

- Instructing students in the appropriate use of equipment and supervising such use.
- Instructing students, parents, and staff on the signs/symptoms of MTBIs/concussions, how such injuries occur, and possible long-term side effects from such injuries.
- Requiring that students report any symptoms of a MTBI/concussion to their parents/guardians and appropriate school staff, whether the injury occurred at school or a school-sponsored activity, or at home.
- Emphasizing the need for medical evaluation should an injury occur to prevent persisting symptoms of a MTBI/concussion.

Guidelines for Return to School/Activities/Athletics

DCS has adopted a "Concussion Management Checklist and Return-to-Play Protocol" that is required in order for a student to return to school/activities/athletic play. Copies of the protocol shall be distributed to parents at the annual summer all-sports orientation, be available from all coaches and school nurses, and be available on the district website.

Parent/Guardian Certification

By my signature below, I attest that I have received and read the "Concussion Management Checklist and Return-to-Play Protocol" and the attached document, "Concussions: The Invisible Injury", and give my consent for my child to participate in athletics at Dolgeville Central School.

Student-Athlete's Name

Parent/Guardian's Signature

Date

*If you have any questions or concerns, please contact your
 child's coach, the athletic director, or the building principal.*