

### **Gfeller- Waller Compliance Resource Packet**

This packet contains copies of the following documents for duplication:

- The Gfeller-Waller Concussion Awareness Act Seasonal Compliance Checklist.
- 2. The NCHSAA Master Athletic Eligibility List. <u>A copy of your</u> original NCHSAA Master Eligibility List is appropriate.
- 3. The Gfeller-Waller Form: Concussion Information for Student-Athletes & Parents/Legal Custodians (both English and Spanish versions).
- 4. The Gfeller-Waller Form: Student-Athlete & Parent/Legal Custodian Concussion Statement (both English and Spanish versions).
- The Gfeller-Waller Concussion Statement Checklist for Coach(es)/Athletic Trainer(s)/First Responder(s)/School Nurse(s), and any Volunteer(s) directly affiliated with the athletic team.
- 6. The Gfeller-Waller Concussion Form: Information for Coaches/Athletic Trainers/ First Responders/School Nurses/Volunteers directly affiliated with the athletic team.
- 7. The Gfeller-Waller Form: Coach/Athletic Trainer/ First Responder/School Nurse/Volunteer Concussion Statement for each individual directly affiliated with the athletic team.

I suggest that the documents, when duplicated and filled out, be placed in separate folders designated by sport. This will save time for you and your staff in the event that your school is selected for a site visit or audit by DPI.

Ken Brown, MHDL, LAT, ATC Health and Safety Consultant 919-214-2660 ken@nchsaa.org

### Gfeller-Waller Concussion Awareness Act Seasonal Compliance Checklist

This checklist is designed to help your school work toward compliance with the Gfeller-Waller Concussion Awareness Act. All forms can be found on the home page website for the Gfeller-Waller Law AND under the specific sections on the website (<a href="http://gfellerwallerlaw.unc.edu/GfellerWallerLaw/gwlaw.html">http://gfellerwallerlaw.unc.edu/GfellerWallerLaw/gwlaw.html</a>). According to the law, "each school shall maintain complete and accurate records of its compliance with the requirements ..." Beside each component is a checkbox you can use indicating compliance steps are completed.

<ol> <li>□ Concussion Information Sheet distributed to student-athletes and parent/ legal custodian</li> <li>□ Concussion Statement Forms signed and collected from student-athletes and parent/ legal custodian</li> <li>□ Concussion Information Sheet distributed to head and assistant coaches/athletic trainers/first responders/ school nurses/volunteers</li> <li>□ Concussion Statement Forms signed and collected from head and assistant coaches/athletic trainers/first responders/school nurses/volunteers</li> <li>Postconcussion Protocol/Plan Compliance</li> <li>A Postconcussion Plan in place that at a minimum includes:         <ul> <li>□ No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion</li> <li>□ Written clearance (use the form on the Gfeller-Waller Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion</li> </ul> </li> <li>Emergency Action Plan Compliance</li> <li>□ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Lice (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.</li> <li>□ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency transport.</li> </ol>	
<ul> <li>3. □ Concussion Information Sheet distributed to head and assistant coaches/athletic trainers/first responders/ school nurses/volunteers</li> <li>4. □ Concussion Statement Forms signed and collected from head and assistant coaches/athletic trainers/first responders/school nurses/volunteers</li> <li>Postconcussion Protocol/Plan Compliance</li> <li>A Postconcussion Plan in place that at a minimum includes:         <ul> <li>a. □ No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion</li> <li>b. □ Written clearance (use the form on the Gfeller-Waller Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion</li> </ul> </li> <li>Emergency Action Plan Compliance</li> <li>1. □ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Lice (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.</li> <li>2. □ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency action Plan shall include a delineation of roles, methods of communication, available emergency action Plan shall include a delineation of roles, methods of communication, available emergency action Plan shall include a delineation of roles, methods of communication, available emergency action Plan shall include a delineation of roles, methods of communication, available emergency action Plan shall include a delineation of roles, methods of communication, available emerg</li></ul>	
school nurses/volunteers  4. Concussion Statement Forms signed and collected from head and assistant coaches/athletic trainers/first responders/school nurses/volunteers  Postconcussion Protocol/Plan Compliance  A Postconcussion Plan in place that at a minimum includes:  a. No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion b. Written clearance (use the form on the Gfeller-Waller Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion  Emergency Action Plan Compliance  1. Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Lice (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.  2. The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency.	
Postconcussion Protocol/Plan Compliance  A Postconcussion Plan in place that at a minimum includes:  a. □ No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion  b. □ Written clearance (use the form on the Gfeller-Waller Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion  Emergency Action Plan Compliance  1. □ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Lice (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to <a href="https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf">https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf</a> ) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.  2. □ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency.	
<ul> <li>A Postconcussion Plan in place that at a minimum includes:</li> <li>a. □ No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion</li> <li>b. □ Written clearance (use the form on the Gfeller-Waller Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion</li> <li>Emergency Action Plan Compliance</li> <li>1. □ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Lica (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to <a href="https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf">https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf</a>) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.</li> <li>2. □ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency and the committee of the NCATA secondary Schools of communication, available emergency Action Plan shall include a delineation of roles, methods of communication, available emergency Action Plan shall include a delineation of roles, methods of communication, available emergency Action Plan shall include a delineation of roles, methods of communication, available emergency Action Plan shall include a delineation of roles, methods of communication, available emergency Action Plan shall include a delineation of roles, methods of communication, available emergency Action Plan shall include a delineation of roles, methods of communication, available emergency Action Plan shall include a delineation of roles, methods of communication.</li> </ul>	
<ul> <li>a. □ No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion b. □ Written clearance (use the form on the Gfeller-Waller Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion</li> <li>Emergency Action Plan Compliance</li> <li>1. □ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Lice (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to <a href="https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf">https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf</a>) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.</li> <li>2. □ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency.</li> </ul>	
<ul> <li>b. □ Written clearance (use the form on the Gfeller-Waller Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion</li> <li>Emergency Action Plan Compliance</li> <li>1. □ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Lica (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to <a href="https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf">https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf</a>) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.</li> <li>2. □ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency and the properties of the prop</li></ul>	
concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion  Emergency Action Plan Compliance  1. □ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Lica (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to <a href="https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf">https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf</a> ) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.  2. □ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency.	n
<ol> <li>Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Licci (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to <a href="https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf">https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf</a>) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.</li> <li>The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency.</li> </ol>	
<ul> <li>(LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee. Go to <a href="https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf">https://www.nchsaa.org/sites/default/files/attachments/EAP%20Review%20Committee%25-14%20%282%29.pdf</a>) to find the committee member nearest you. Your reviewed EAP will then be returned to you by email.</li> <li>The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency action Plan shall include a delineation of roles.</li> </ul>	
	an
	gency
3.   The Emergency Action Plan must be in writing.	
4.   The Emergency Action Plan must be provided to all coaches, administrators, volunteers, etc. involved in interscholastic athletics.	
5.   The Emergency Action Plan must be posted conspicuously at all venues.	
6.   The Emergency Action Plan must be annually reviewed and rehearsed by all licensed athletic trainers (LAT) responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletics.	, first
7.   The Emergency Action Plan must be approved by the school principal.  ***********************************	****
$\hfill\Box$ CONCUSSION STATEMENT FORMS HAVE BEEN CHECKED AGAINST BOTH TEAM AND STAFF ROSTERS AND ARE CURRENTLY ON FILE WITH	
☐ FALL ☐ WINTER ☐ SPRING (NAME OF SCHOOL OFFICIAL RESPONSILBE FOR COMPLIANCE)  PRINCIPAL'S SIGNATURE (OR DESIGNEE):  DATE:	

# NCHSAA MASTER ATHLETIC ELIGIBILITY LIST (Please Type)

Signed:	Signed:	Signed:	I hereby docume	*Gfeller-V						Name of Contestants Alphabetically – Last Name, First Name, Middle Initial	City:	School: Street:	
			I hereby certify that each person listed has complied in all respects with documents sustaining each student's eligibility are on file in the school.	*Gfeller-Waller Form (GW) must be signed by student and parent: √ indicates both have signed						ontestants Last Name, First ne, Initial			
			h person li ach studen	ust be signe						Date of Birth MoDay- Yr.			
			sted has con t's eligibility	d by student a						Yr. of First Entry in 9 <sup>th</sup> Grade			
			nplied in all r are on file ir	nd parent: √ in					Vied Exam	- 4 <del>-</del>			
Principal	Athletic Director	Coach	espects w	dicates hot					GW FORM	edical nents am &Waller			
	rector		vith the requote.	h have signed						Date Enrolled Present Semester			
Date:	Date:	Date:	I hereby certify that each person listed has complied in all respects with the requirements for eligibility adopted by the NCHSAA and that documents sustaining each student's eligibility are on file in the school.							Meets LEA Attendance Requirement (# Of Days Missed Per PowerSchool, if applicable)	Date of 1	Sport: Men/Women:	]
			oility adopted							Number Subjects Passed Last Semester	Date of 1" Contest:	men:	
			by the NCH							Meets Local Minimum GPA ( \( \seta \))			
l		72	SAA and tha							Meets LEA Promotion Standards (✓)			
NCHSA			c c							Check If Parents Live In This Administrative Unit ( \( \sigma \))			



### CONCUSSION

### INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

### Student-Athlete & Parent/Legal Custodian Concussion Statement

\*If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.

Student-Athlete This form must be comp	Name:	
Parent/Legal Cu	ıstodian Name(s):	
□ We have rea	ad the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet. check box.  After reading the information sheet, I am aware of the following information:	
Student-Athlete	After reading the information sheet, I am aware of the following information.	Parent/Legal
Initials		Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away.  Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
-11	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.  Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	
Signature of Stu	ident-Athlete Date	
Signature of Par	rent/Legal Custodian Date	

# CONCUSION

### INFORMACION PARA ESTUDIANTES-ATLETAS

¿Qué es una concusión? Una concusión es una lesión al cerebro causada por un golpe directo o indirecto en la cabeza. Y como resultado hace que el cerebro no funciones como debería. Puede o no hacer que usted vea todo obscuro o se desmaye. Puede pasarle a usted por una caída, un golpe en la cabeza, o un golpe al cuerpo que ocasiona que su cabeza y su cerebro se muevan rápido hacia atrás y adelante.

¿Cómo puedo saber si tengo una concusión? Hay muchos indicios y síntomas que usted puede tener después de una concusión y que pueden afectar su manera de pensar, lo que siente, su estado de ánimo o el sueño. Esto es lo que debe buscar:

Pensamiento/Memoria	Físico	Emocional/Animo	Sueño
Dificultad para pensar con claridad	Dolor de cabeza	Irritabilidad-todo molesta con	Dormir más de lo habitual
Sentirse decaído	Visión confusa o borrosa	facilidad	Dormir menos de
Dificultad para	Sentirse mal del	Tristeza	lo habitual
concentrarse	estómago/mareado	Más de mal humor	Dificultad para quedarse dormido
Dificultad para recordar información nueva	Vómito, devolver el estomago	Sensación de estar nervioso o preocupado	
	Mareo	, ,	
	Problemas de Equilibrio	d	
	Sensibilidad al ruido o luz		

La tabla está adaptada del Centro para el Control y Prevención de Enfermedades (http://www.cdc.gov/concussion/)

¿Qué debo hacer si creo que tengo una concusión? Si usted tiene algunos de los indicios o síntomas antes mencionados, debe decirle a sus padres, entrenador, preparador físico o enfermera de la escuela para que le den la ayuda que necesita.

¿Cuando deberia estar particularmente preocupado? Si tiene un dolor de cabeza que empeora con el tiempo, usted no puede controlar su cuerpo, vomita en repetidas ocasiones y se siente más y más enfermo del estómago, o sus palabras se escuchan chistosas o como balbuceos, usted debe informar a un adulto, ya sea un padre, entrenador o maestro inmediatamente, para que le den la ayuda que usted necesita antes de que empeore.

¿Cuáles son algunas de las cuestiones que me pueden afectar después de una concusión? Puede tener problemas en algunas de las clases de la escuela y con las actividades de casa. Si usted sigue jugando o regresa a jugar muy pronto con una concusión, es posible que tenga tristeza permanente, no se sienta usted mismo, o tenga dificultad para recordar las cosas por mucho tiempo. Ya que tuvo una concusión, es posible que sea más propenso a tener otra concusión.

¿Cómo puedo saber cuándo está bien volver a la actividad física y mi deporte después de una concusión? Después de informar al entrenador, padres y cualquier personal médico alrededor de usted que piensa que tiene una concusión, es posible que sea visto por un médico capacitado en ayudar a personas con concusiones. La escuela y los padres pueden ayudar a decidir quién es el mejor para darle tratamiento y ayudar a tomar la decisión de cuándo debe volver a la actividad/juego o práctica. Su escuela debe tener una política establecida sobre cómo tratar concusiones. Usted no debe volver a jugar o practicar en el mismo día en que se sospecha ocurrió la concusión.

Usted no debe tener ningún síntoma en el reposo o durante/después de la actividad cuando regresa a jugar, pues esta es una señal de que su cerebro no se ha recuperado de la lesión.

Pregunte a su entrenador atlético con licencia, entrenador, o director atlético acerca de:

Plan de Acción de Emergencia en su escuela

La política de concusiones en su escuela

Que debe hacer si tiene una concusión

Esta información se proporciona a usted por el Centro de Investigación de UNC Matthew Gfeller Sport-Related TBI, Sociedad Médica de Carolina del Norte, Asociación de Entrenadores Atléticos de Carolina del Norte, Asociación de Lesiones Cerebrales de Carolina del Norte, Sociedad Neuropsicológica de Carolina del Norte y Asociación Atlética de las Escuelas Superiores de Carolina del Norte.

## Declaración de Contusión para el Estudiante-Atleta \*si hay algo en esta hoja que no entienda, por favor pídale a un adulto que se lo explique o que se lo

lea a usted. ☐ He leído la Hoja de Información de Contusión del Estudiante -Atleta. Si verdadero, por favor marque la casilla. ☐ Es mi responsabilidad decirle a mis padres, a mi entrenador, y/o a un profesional de la medicina acerca de mis lesiones y enfermedades. Si usted está de acuerdo, por favor marque la casilla. Después de leer la hoja de información, estoy consciente de la siguiente información: Una contusión es una lesión cerebral, de la cual yo soy responsable de comunicar a mi Inicial entrenador(es), mis padres, o a un profesional de la medicina si uno está disponible. Una contusión puede afectar mi capacidad para realizar actividades cotidianas, mi Inicial capacidad para pensar, mi equilibrio, y mi rendimiento en el salón de clases. Yo sé que no puedo ver una contusión, pero podría tener algunos de los síntomas Inicial de inmediato. Otros síntomas pueden aparecer horas o días después de la lesión. Si yo creo que un compañero de equipo tiene una contusión, yo soy responsable de Inicial decírselo a mi entrenador(es), mis padres, o a un profesional de la medicina sobre su contusión. Yo no regresaré a jugar en un juego o a practicar si un golpe a mi cabeza o a mi cuerpo Inicial provoca cualquier síntoma relacionado con una contusión. Yo necesito permiso escrito de parte de un profesional de la medicina entrenado en el Inicial manejo de contusiones para volver a jugar o a practicar después de una contusión. Después de una contusión, el cerebro necesita tiempo para sanar. Entiendo que estoy Inicial mucho más probable a tener otra contusión o más grave lesión cerebral si regreso a jugar o a practicar antes de que mis síntomas desaparezcan. Algunas veces, repetidas contusiones pueden ocasionar problemas graves y duraderos. Inicial He leído los síntomas de una contusión en la Hoja de Información de Contusión. Inicial Fecha Firma del Estudiante-Atleta Nombre Impreso del Estudiante-Atleta



### Gfeller- Waller Concussion Statement Checklist for Coach/Athletic Trainer/First Responder/ School Nurse/Volunteer

School:	
Athletic Team:	
Coach/Athletic Trainer/First	Responder/
School Nurse/Volunteer	Roster
************	*********
Please list the names of each person directly affilia	ted with this athletic team.
(Duplicate form as neede	d)
Name	Gfeller-Waller Form Date

© NCHSAA Health and Safety 10/13/15

### CONCUSSION

### INFORMATION FOR COACHES/ATHLETIC TRAINERS/FIRST RESPONDERS/ SCHOOL NURSES/SCHOOL VOLUNTEERS

(Updated 10/13/15)

What is a concussion? A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

**How do I recognize a concussion?** There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating		More emotional than	Trouble falling asleep
	Nausea/Vomiting	normal	
Difficulty remembering new			
information	Dizziness	Feeling nervous or anxious	e e
	Balance problems		
	· ·	Crying more	
	Sensitivity to noise		
	or light		

Table from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think a student-athlete has sustained a concussion? If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

What are the warning signs that a more significant head injury may have occurred? If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

What are some of the long-term or cumulative issues that may result from a concussion? Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

How do I know when it's ok for a student-athlete to return to participation after a suspected concussion? Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms following rest or activity.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

# Coach/Athletic Trainer/First Responder/School Nurse/Volunteer/ Concussion Statement (Updated 10/13/15)

☐ I have read the Concussion Information Sheet. If true, please check box.
☐ I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return t play or practice on the same day. <i>If you agree, please check box.</i>
After reading the information sheet, I am aware of the following information:
A concussion is a brain injury.
A concussion can affect a student-athlete's ability to perform everyday activities, their ability to thin their balance, and their classroom performance.
I realize I cannot see a concussion, but I might notice some of the signs in a student-athlete right awa other signs/symptoms can show-up hours or days after the injury.
If I suspect a student-athlete has a concussion, I am responsible for removing them from activity and referring them to a medical professional trained in concussion management.
Student-athletes need written clearance from a medical professional trained in concussion management to return to play or practice after a concussion.
I will not allow any student-athlete to return to play or practice if I suspect that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with concussion.
Following concussion the brain needs time to heal. I understand that student-athletes are much more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.
In rare cases, repeat concussions can cause serious and long-lasting problems.
I have read the signs/symptoms listed on the Concussion Information Sheet.
Signature of Coach/Athletic Trainer/First Responder/School Nurse/Volunteer Date
Printed name of Coach/Athletic Trainer/First Responder/School Nurse/Volunteer