

Athlete _____ School Year _____

Sport(s) _____ Grade _____

Pius X High School

Athletic Wellness,

Medical, and

Information Packet

- This packet must be printed off, completed, and turned in prior to participating in the first day of practice/tryouts.
- Families should make a copy to keep for personal records.
- This packet can be emailed directly to jake.moore@piusx.net or turned in to the school or athletic office.

Forms to Submit:

1. Cover page
2. Concussion Information Form (Page 2)
3. Assumption of Risk Waiver (Page 3)
4. Medical Consent to Treat (Page 3)
5. Physical Form Completed by a Physician (MD, DO, PA, APRN)
(Form is completed at Physician's office and brought to School office, and must be an NSAA approved form)

Concussion and Neurocognitive Baseline Testing Information

Athlete Name _____ Sport(s) _____ Grade _____

Baseline Testing must be completed prior to the FIRST DAY OF PRACTICE.

Baseline Testing

Baseline Testing refers to neurocognitive testing under normal conditions before injury, typically conducted in the pre-season. The baseline test provides a snapshot of how one's brain functions in normal, everyday circumstances. Baseline testing is conducted on-site at schools by trained school staff with assistance from athletic trainers trained in concussion diagnosis, treatment, and care. It takes ~25 minutes to complete the baseline test. The testing application formulates "baseline data" which are stored on a secure, HIPPA compliant which can be retrieved anytime at a later date if an athlete sustains a concussion.

Post-Injury Testing

In the event an athlete sustains a concussion, the athlete is tested again post-injury. Post-injury testing composite scores are then compared to the baseline scores acquired earlier before a concussion injury affected brain function. Therefore, concussion baseline testing only becomes of value if, and when, post-testing is utilized after a concussion injury. An estimated 10% of athletes on average (~15%-20% of football players) in collision and contact sports will risk concussion injury necessitating post-injury testing.

Post-Injury Testing is conducted by medical or appropriate health care professionals having specialized training and credentialing to interpret and evaluate post-testing composite scores for deficiencies or abnormalities. These trained professionals will objectively base concussion management decisions and the decision for return to play on post-test comparisons, depending on when post-test scores return to baseline, among other clinical considerations. Hence, more consistent, objective, and safer decisions can then be made about an injured athlete returning to play. Subjectivity is far less apparent, and an athlete can potentially be allowed back sooner, rather than their return to play being delayed by uncertainty.

Post-Injury Testing is usually conducted once a concussed athlete is symptom-free (asymptomatic), or as early as 24-72 hrs. post-injury, depending on the healthcare provider managing the athlete's condition. When post-concussion testing is opted for online, another form of the test is selected having a different word and design lists, as well as other randomized stimuli. On occasion, multiple post-tests (serial testing) may be conducted to monitor an athlete's recovery over time.

If post-testing scores have not recovered in sufficient time, (usually within 3-4 weeks) the athlete may be referred to a neuro-specialist with advanced, formal training in treating head injuries, i.e. Neurosurgeon, Neuropsychologist, or Neurologist.

Testing Cycle

Baseline testing will be available for 9th through 12th grade athletes participating in collision and contact sports having the highest incidence of concussions [football, volleyball, basketball, wrestling, diving, soccer, track-jumpers, baseball, and softball]. An athlete's baseline is acquired on a 2-year cycle, with testing of incoming 9th graders and 11th grade each year. Anyone new to an athletic program or having sustained a concussion the previous year is tested each year as well.

Concussion Information

All Parents and Athletes should review signs and symptoms of Concussions.

Signs and symptoms of a concussion may include:

Headache or a feeling of pressure in the head	Temporary loss of consciousness	Confusion or feeling as if in a fog
Amnesia surrounding the traumatic event	Dizziness or "seeing stars"	Ringing in the ears
Nausea	Vomiting	Slurred speech
Delayed response to questions	Appearing dazed	Fatigue

You may have some symptoms of concussions immediately. Others may be delayed for hours or days after injury, such as:

Concentration and memory complaints	Irritability and other personality changes	Sensitivity to light and noise
Psychological adjustment problems and depression	Sleep disturbances	Disorders of taste and smell

Signs and Symptoms, along with other notable injury information can be viewed on the following website:

<https://www.piusrx.net/athletics/trainers/>

We have reviewed and understand the Concussion Testing information. We have also reviewed and understand the signs and symptoms of Concussions.

Athlete Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Assumption of Risk

Athlete Name _____ Sport(s) _____ Grade _____

Part I: Assumption of Risk, Release and Waiver of Liability, and Indemnity

In consideration of being permitted in Athletics at Pius X High School, I, the undersigned, hereby agree as follows:

We hereby acknowledge and agree that we understand the nature of Athletics that I will be participating in at Pius X; we are aware that there are certain risks and dangers associated with participating in athletics at Pius X, including risks of illness, injury, and death; and we knowingly and voluntarily accept and assume responsibility for such risks and dangers that could arise out of, or occur during, my participation in athletics, even if such risks and dangers arise in whole or in part from negligence of Pius X and/or its employees, agents, and representatives.

We hereby warrant that I am qualified, in good health, and in proper physical condition to participate in athletics at Pius X. I hereby release and forever discharge Pius X and its past, present, and future officers, directors, partners, shareholders, members, managers, agents, employees, successors, subsidiaries, parents, assigns, representatives, attorneys, affiliates, heirs and insurers, from any and all liability, loss, damages, costs, claims and/or causes of actions resulting from any accident, illness, bodily harm, personal injury, death, and/or property loss, however caused from or in any way related to my participation in athletics at Pius X, including losses caused in whole or in part by the negligence of Pius X and/or its employees, agents, and representatives. Further, and to the same extent and scope, I release said parties from any claim whatsoever that may be attributable to the receipt of first aid or other medical treatment rendered to me in connection with my participation in athletics at Pius X High School.

We hereby agree to indemnify and hold harmless Pius X High school and its past, present, and future officers, director, partners, shareholders, members, managers, agents, employees, successors, subsidiaries, parents, assigns, representatives, attorneys, affiliates, heirs and insurers, from any and all claims, demands, lawsuits, liabilities, damages, expenses (including reasonable attorney fees), and/or costs arising out of or related to my participation in athletics at Pius X High School.

We have read this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement in its entirety and understand and agree to its terms.

Athlete Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Medical Consent to Treat

Part II Medical Consent

We authorize Pius X High School designated Certified Athletic Trainers and/or medical personnel to provide me with any preventative, first-aid, rehabilitative or emergency treatment deemed necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during Pius X High School athletic activities. I give permission for medical information to be released and discussed with the certified athletic training staff, school nurse, team coaches, and strength coaches, athletic administrators, faculty representatives, parents and/or guardians. If reasonably necessary to provide the care described in the preceding paragraphs, I grant permission to Pius X High School official to authorize my admission to a hospital or facility that provides said treatment.

I have read this medical consent in its entirety and understand and agree to its terms.

I understand that I have the right to revoke all or any part or the above at any time by sending a written notification to Pius X High School Athletic Director. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent. I have read and fully understand the Pius X High School athletic program requirements and all information supplied is accurate and current to the best of my knowledge.

Athlete Signature _____

Date _____

Parent/Guardian Signature _____

Date _____