

Lake Lure Classical Academy

On Thursday, May 15, doctors from Rutherford Regional Health System will be giving FREE sports physicals to students at Lake Lure Classical Academy. The physicals will take place after school in the gym. To be eligible for the free sports physical, students must currently be in grades 5th - 11th and attend (virtual or in-person) Lake Lure Classical Academy. Students must also have the Sports Physical History Form (pages 1-2) and this permission slip filled out prior to receiving the free sports physical. If you have any questions, please email Coach Ozzie: omcfarland@llcharter.org

By signing below, I am giving permission for my son/daughter to receive a free sports physical on May 15.

Student name: _____

Student grade: _____

Parent/Guardian name (printed): _____

Parent signature: _____



Lake Lure Classical Academy
1058 Island Creek Road
Lake Lure, NC 28746

Dear Parents :

Please find attached the sports information packet for the 2025-26 school year. It includes the following documents:

- School Physical Permission Form
- Preparticipation Physical Evaluation Form
- Gfeller-Waller Concussion Statement Form
- Student-Athlete Handbook
- Information on Opiods

Each of the enclosed forms require a parent or guardian signature. Students must have the signed packet to participate in the free physicals after school on Thursday, May 15 from 3-5:00.

Please email me any questions at omcfarland@llcharter.org.

Have a blessed day!

Ozzie McFarland
Athletic Director

INFORMATION ON OPIOIDS FOR PARENTS OF STUDENT-ATHLETES

PARENTS OF STUDENT-ATHLETES

We need your help to fight prescription pain medication misuse, addiction, and overdose. Prescription opioid pain medication can be addictive and dangerous.



THE DANGER OF ADDICTION IS CLOSER THAN YOU THINK...

A growing number of student athletes are becoming addicted to pain medication after being prescribed opioids after an injury. Common opioids include Vicodin, OxyContin, and Percocet. These drugs are similar in makeup to heroin, which is also an opioid.

If your child is injured, ask questions.

Your child may need pain medication, but you can ask your child's provider for alternatives to opioids or smaller doses. New research shows that often the best pain relief is found through over-the-counter drugs, like ibuprofen, which are effective and do not cause addiction.

SOME GOOD QUESTIONS TO ASK YOUR PROVIDER

WHAT ARE THE PILLS SIDE EFFECTS?

DO I HAVE TO TAKE ALL OF THE PILLS?

WHEN CAN I SWITCH TO ACETAMINOPHEN OR IBUPROFEN?

PARENTS CAN HELP STOP ADDICTION AND OVERDOSES

- Work with your child's coach to keep athletes upbeat as they heal. Traumatic events and depression are connected to addiction.
- Children who learn about the dangers of drugs at home are 50 percent less likely to misuse drugs.
- Count the number of pain pills in your home and keep them secured. When you're done with the prescription, drop it off at a drug drop box
- you can find a location near you at ncdoj.gov/rxtakeback



WHY THIS MATTERS

It only takes a little to lose a lot.

Males who participate in organized sports are three times more likely to misuse prescribed opioids than non-athletes.

For some, it can take as little as a week to become dependent on prescription pain medications.

People aged 12-49 who become dependent on prescription pain medication were 19 times more likely to have used heroin.

Prescription and street opioids like heroin and fentanyl are causing a record number of overdose deaths - an average of approximately 4 people each day in NC.

Learn more at ncdoj.gov/opioidresources



■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)



HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date form completed: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____

How do you identify your gender (optional)? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (optional; check one): Y N

Have you been immunized for COVID-19? (optional; check one): Y N If yes, have you had: One shot Two shots Three shots Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge 0	0	1	2	3
Not being able to stop or control worrying 0	0	1	2	3
Little interest or pleasure in doing things 0	0	1	2	3
Feeling down, depressed, or hopeless 0	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		Yes	No
<i>(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)</i>			
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU			
(CONTINUED)			
	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			
	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unsure	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS (CONTINUED)				Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENSTRUAL QUESTIONS (optional)			N/A	Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. How old were you when you had your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. When was your most recent menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. How many periods have you had in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

© 2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

LLCA STUDENT ATHLETE HANDBOOK (4/10/25)

Playing sports at LLCA is a privilege for students, so please become familiar with the following expectations:

- The athlete shall obey all WPAC and LLCA rules and regulations.

Tryouts

- Trying out for a sport does not guarantee any student a spot on the team.
- Cuts will be made at the coach's discretion.

Playing time

- Players are not guaranteed a certain amount of playing time.
- If a player would like to speak with their coach about playing time they must see the coach the next day. It will not take place before, during or after the game. If for some reason a parent would like to meet with the coach they must call the school and set up a meeting. (NOT AFTER GAME)

Athlete's Conduct/Practices

- Athletes are expected to conduct themselves in a positive manner at practices, games, and school/team functions.
- Drug tests may be utilized at the discretion of the Athletic Director with the approval of the school administration
- Players must be considered present at school to be eligible to play in any athletic event.
- Athletes are expected to be prompt to practices, games and class.
- Practices and games are mandatory to attend unless excused by the coach.
 - Examples of excused absences: sickness, death of a family member or friend
- Unexcused absences will have consequences (coach's discretion).
 - Examples of consequences: running, suspension from game/s, dismissal from team
- If a player cannot attend a practice or a game for any reason they must let the coach know ahead of time. If you are not at school, please call or email the coach.
- If a player gets out-of-school suspension for any serious offense they will be dismissed from the team.
- If any player gets suspended from the team two times for any reason over the course of the year it will result in automatic dismissal from the team.
 - Examples of Suspensions: bad sportsmanship, grades, negative behavior while at school, missed practices or games
- Appropriate practice attire is expected to be worn each practice.
 - Example: tennis shoes/cleats, gym shorts/pants, t-shirts
 - Jewelry must be taken off before all practices and games

Games/Transportation

- Players may not talk with parents, friends or girlfriends/boyfriends during the game. Parents should refrain from talking to players during the game.
- Players must ride the bus to games if a bus is taken unless a senior with written permission from parent
 - No friends or girlfriends/boyfriends are allowed to ride the bus unless approved by the AD. (outside of team)
- If a player is riding home with their parents after the games the athlete and parent must let the coach know ahead of time. NO EXCEPTIONS
- If a player loses or damages an LLCA sports uniform (outside of normal wear and tear), that player must pay for the uniform to be replaced.

- If a player quits at any point during the season (or if a parent pulls the player off of the team), the player can not return to that team for the remainder of the particular sport's season.
- If a player is dismissed from the team for any reason before the end of the season, that player will not be recognized at the Sports Banquet/Pep rally for that particular team.
- A note from a parent is needed if any player is riding home with anyone other than his/her parents.
- Players **MUST** be picked up on time from games and practices.
 - Once a player gets 3 strikes (late pick-ups) they will be dismissed from the team.

LLCA STUDENT ATHLETE HANDBOOK

Student-Athlete Academic Policy (updated 04/10/25)

All students wanting to participate in athletics at LLCA must remain in good academic standing throughout the school year. To do so, students must adhere to the following requirements:

- Student-athletes must not Fail 2 or more classes on their semester report card
 - Fall and Winter sports eligibility is determined by the second semester grades from the end of the previous school year
 - Spring sports eligibility is determined by the end of the first semester grades of the current school year
 - If a student-athlete has 2 or more failing grades on a semester report card, then they will be dismissed from any current athletic team and will not be eligible to participate in the upcoming athletic season
 - EXP 1: Student fails 2 classes on the semester 1 report card, they will not be eligible to participate in Spring sports
 - EXP 2: Student fails 2 classes on the semester 2 report card, they will not be eligible to participate in Fall or Winter sports for the next school year
- If a student-athlete Fails 2 or more classes on a quarterly report card, then the student will be on academic probation until at least one of the failing grades is pulled up to a passing grade
 - Academic probation: The student will remain on the team, however the student may not attend any practice, game or team function. The purpose of academic probation is to give the student time to study and work to improve the failing grades
- Scholar-Athlete
 - Student-athletes that have a 3.25 GPA at the end of each semester and no failing grades throughout the school year will be recognized as scholar-athletes.

LLCA FANS ATHLETIC HANDBOOK

Here at LLCA we love all of the support we get from our amazing fans but there are a few things for fans to be aware of during athletic contest:

- All LLCA fans must conduct themselves in an honorable fashion during all sporting events.
- Please remember your actions do reflect on the school and we want the most positive environment for our athletes possible.
- Please do not use any tobacco products during any athletic contest.
- Keep in mind that all players from the other schools are the same age as your children and many times during sporting events emotions can run high. Be sure to keep your emotions in check.
- Your actions as an adult make a huge impact on the athletes and how they carry themselves on and off the field/court.
- Please let our coaches do their job and do not criticize their decisions.
- Parents cheer and be supportive with positive comments, refrain from using negative comments.
- Please do not talk to players or interact with them during the athletic contest.

If any LLCA fan has to have the School Administration, Athletic Director or any of our coaches say anything to them about their actions at a sporting event the consequences are as follows:

- Verbal Warning
- One Week Suspension (From All LLCA Sporting Events)
- Permanent Suspension (For the Remainder of the School Year From All Sporting Events)

If any LLCA fan is ejected by an official from any sporting event the following consequences are prescribed by the North Carolina Athletic Association:

- One Week Suspension (From All LLCA Sporting Events)
- Permanent Suspension (For the Remainder of the School Year From All Sporting Events)

Thanks for all of your understanding and support of LLCA Athletics

By signing this, I understand and will adhere to the LLCA (Student-Athlete & Fan) Athletic Handbook.

Parent/Guardian Phone Number/s: _____

Parent/Guardian Email Address: _____

Athletes Printed Name: _____

Athletes Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

LAKE LURE CLASSICAL ACADEMY:

I give my son/daughter permission to ride the bus or carpool (if necessary) to and from athletic practices and games for the 2025-26 athletic seasons.

Parent/Guardian Signature: _____ Date: _____

****Lake Lure Classical Academy Athletics reserves the right to at any time, add, rewrite, or revise the Player and Fan Handbook.**

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

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.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or 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 a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or 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 listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date