

GRADE



SAINT BERNARD'S
ELEMENTARY SCHOOL
- Founded in 1886 -

Sports Participation Permission Slip

I, the parent/guardian of _____

give permission for my child to participate in:

Flag Football _____

Field Hockey

Basketball

GPS Skiing Program

All Sports programs offered at St. Bernard's Elementary

Check off individual sports or All Sports granting your permission for your child's participation.

In signing this form, I certify that I have:

1. Read the information provided to Parents/Guardians of Participating Students concerning Concussion Awareness. Signed and my student (Grade 6, 7 or 8) has signed the Concussion Awareness Form. *Please return with this packet.*
2. I have completed and returned the Parent Authorization Form for Student/Athlete Travel and the Risk and Participation Agreement. *Both forms are on the same page. Please return with this packet.*
3. Completed the Athletics Emergency Form. *Please return with this packet.*

I release the Diocese of Worcester; St. Bernard's Parish: St. Bernard's Elementary School, the administration, faculty, coaches and volunteers from all liability and waive any claims against them. I, as the parent or guardian, accept full responsibility for my child's participation in any sport which has been checked off or all sports programs if I checked off All Sports programs

Parent/Guardian Signature

Date



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Concussion Awareness Parents/Guardians of Participating Students

Concussion Awareness

- The law requires that schools make sure that parents/guardians of athletes and parent volunteers are provided with the sports concussion awareness facts, either on-line or through written materials. To comply with this component of the law, we are providing parents with on-line materials. Click on the links below to read [ctrl + enter to follow link]
 - http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet-a.pdf
 - http://www.cdc.gov/concussion/pdf/quiz_Eng.pdf
- Parents or legal guardians must provide information to the school regarding any previous sports head injury at the start of each sports season. Parents/guardians are asked to provide concussion information on the Emergency Response Form under Medical **Information**.
- **St. Bernard's Elementary School must receive this information prior to allowing any student to participate in any sports extracurricular athletic activity so the Athletic Director and Coaches can identify students who are at greater risk for repeated head injuries.**
- Further information regarding concussions can be found on the Massachusetts Interscholastic Athletic Association [MIAA] web page.

I have read the Parents Fact Sheet and taken the concussion quiz on the cdc.gov website concerning concussion awareness.

Signature of Student

Date

Signature of Parent/Guardian

Date

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

What Should I Do if My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

- Remove your child or teen from play.
- Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.

Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to
www.cdc.gov/HEADSUP

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Saint Bernard's Elementary School
Parent Authorization For Student/Athlete Travel
Please Print

Name of Student: _____

We [I], the undersigned, hereby grant permission, for our [my] daughter/son named above to be transported via van, bus, coach, or the best means possible as required.
Unless previous arrangements have been made in writing no student/athlete will be allowed to be transported to or from any away game with any parent other than their own.

Travel Period: 2016 thru 2017 School Year

AUTHORIZATION:

Print or type Mother's/Guardian's Name Mother's/Guardian's Signature Date

Print or type Father's/ Guardian's Name Father's/Guardian's Signature Date

Parents Comments:
Parents, specify any instructions you would want considered.

Saint Bernard's Elementary School
Risk and Participation Agreement

Sports often involve forceful contact with the floor, wall, ground, stands, imbedded objects and other players. Injury from sport specific equipment such as balls, bats, sticks, javelins, etc. are also common in sports. Because of the conditions inherent in all sports, participating exposes an athlete to many risks of injury. Those risks include, but are not limited to death, paralysis, brain injury, damage to internal organs, broken bones, ligament, joint, tendon, face and mouth injury. Such injuries can result not only in temporary loss of bodily function but also in serious impairment to future physical, psychological, and social abilities including the ability to earn a living.

In an effort to make all sports at Saint Bernard's Elementary School as safe as can be, the coaches will also communicate team guidelines regarding safety precautions involving the sport and field/facility used to conduct that sport.

We have read the information above concerning the risk of competing in sports. We understand and assume all risks associated with trying out, practicing and/or competing. We further agree to hold the Worcester Diocese and Saint Bernard's Elementary School, it's employees, representatives, coaches, volunteers, and agents harmless in any activities related to the participation of my son/daughter.

In signing this form we assume the inherent risks of athletics and waive future legal action by our family, heirs, estates, executor, administrator and assignees against Saint Bernard's Elementary School.

Signature of parent[s] or Legal Guardian[s] _____ Date _____

Name of student _____ Grade _____

STB ELEMENTARY SCHOOL Athletics Emergency Form

PLEASE PRINT

Name (First and Last):			
Home / Mailing Address:			
City, State and Zip Code:			
Student Home Phone Cell Phone			
Student Birth Date	Month	Day	Year
Parent[s] / Guardian[s] Name:			

Emergency Contact Information: Use the spaces below to record the name, telephone number, type of connection Home, cell and what type of relationship each contact person holds to you. Use lines 1 and 2 for parent information. Parent[s] will always be called first.

Contact person	Home Phone	Cell	Relationship

You can use the area below to list any medical information (medications, implants, allergies, etc.) you feel emergency medical personnel would need to know before attempting to provide aid. List the exact name of the dosage of each medication, allergies, etc.

Physician Name and Phone Number _____

Insurance Policy Number _____

Dentist Name and Phone Number _____

Medical Information _____

I, _____ [Parent or Guardian] agree to the participation of _____ [Student/Athlete]

in the athletic program[s] offered by Saint Bernard's Elementary School. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named person. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named person may be given.

Signature [Parent or Guardian] _____ Date _____