



# Bishop England Sports Medicine

Rehabilitation Centers  
**RCC**  
of Charleston

## EMERGENCY RESPONSE FORM

LAST NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SPORTS 2 & 3: \_\_\_\_\_

GRADE: 7<sup>TH</sup> 8<sup>TH</sup> 9<sup>TH</sup> 10<sup>TH</sup> 11<sup>TH</sup> 12<sup>TH</sup> SCHOOL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_ M \_\_\_\_ F

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER(s): \_\_\_\_\_ / \_\_\_\_\_

### PARENTS/LEGAL GUARDIAN

MOTHER'S NAME: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

Email Address: \_\_\_\_\_

SECONDARY EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SPECIAL MEDICAL CONCERNS: \_\_\_\_\_

NAME OF INSURANCE CO.: \_\_\_\_\_

POLICY #: \_\_\_\_\_ DATE OF POLICY: \_\_\_\_/\_\_\_\_/\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

As the parent(s) or legal guardian(s) of (Name of athlete) \_\_\_\_\_, I give my consent for his/her practice and play in athletic events. I verify that my child has adequate health insurance through the above-mentioned insurance company. I do not hold the school responsible in any way whatsoever. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history filled out on the physical form is accurate to the best of my knowledge.

My signature also verifies that my child and I have completely read and understand this handbook.

I completely understand the above and authorize my consent:

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Father, Mother, or legal guardian)





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### BISHOP ENGLAND CONCUSSION POLICY ACKNOWLEDGMENT FORM

*In order to help protect the student athletes of Bishop England High School, the State of South Carolina has mandated that all athletes, parents/guardians and coaches follow the SC Concussion Policy.*

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

#### **Symptoms may include one or more of the following:**

1. Headache.
2. Nausea/vomiting.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling of sluggishness or foginess.
7. Difficulty with concentration, short-term memory, and/or confusion.
8. Irritability or agitation.
9. Depression or anxiety.
10. Sleep disturbance.

#### **Signs observed by teammates, parents and coaches include:**

1. Appears dazed, stunned, or disoriented.
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)
3. Exhibits difficulties with balance or coordination.
4. Answers questions slowly or inaccurately.
5. Loses consciousness.
6. Demonstrates behavior or personality changes.
7. Is unable to recall events prior to or after the hit.

Athletes with the signs and symptoms of concussion will be removed from play immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider. You should also inform you child’s Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion. And when it doubt, the athlete sits out. For current and up-to-date information on concussions you can go to:



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### What to Expect When You See a Health Care Professional

While most are seen in an emergency department or medical office and discharged home, some people are hospitalized overnight. Your health care professional may do a scan of your brain (such as a CT scan) or other tests. Other tests, known as “neuropsychological” or “neurocognitive” tests, assess your learning and memory skills, your ability to pay attention or concentrate, and how quickly you can think and solve problems. These tests can help your health care professional identify the effects of a concussion. Even if the concussion doesn’t show up on these tests, one may still be present.

The length to recover from a concussion depends upon several factors. No two concussions are alike and the recovery time is never predictable. Severity of the blow, age, health of the athlete, prior history of a head injury and how well the athlete takes care of themselves after the injury are major factors to consider in the recovery of this injury.

### Getting Better:

- Get plenty of sleep at night, and rest during the day.
- Avoid activities that are **physically demanding** (e.g., heavy housecleaning, weightlifting/working-out) or require a **lot of concentration** (e.g., school work). They can make your symptoms worse and slow your recovery.
- Avoid activities, such as contact or recreational sports, that could lead to another concussion.
- Avoid sustained computer use, including computer/video games early in the recovery process.
- Also avoid texting on cell phones

For More information:

<http://www.cdc.gov/ConcussionInYouthSports/>

<http://www.nata.org/sites/default/files/MgmtOfSportRelatedConcussion.pdf>



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## **Bishop England High School Concussion Policy**      **(Return this page signed)**

If a student athlete suspects that he or she has a concussion, it is the student- athlete’s responsibility to report the incident and their symptoms to the athletic trainer, team physician, or healthcare professional immediately. The student- athlete should not continue practice or play if they are concerned that he/she might have been injured.

If a coach or athletic trainer suspects that a student athlete might have a concussion, the athlete must be removed from participation immediately and is not permitted to return that day. The Bishop England Athletic Trainer must see the injured athlete at the first available opportunity to evaluate the extent of the injury and will test the athlete according to the most appropriate testing criteria.

**Medical clearance from a doctor is required to allow the athlete to proceed to the Graduated Return to Play Program. After receiving this clearance, the athlete may be eligible for full participation in no less than 4 days. The athlete must successfully complete the program before returning to play.**

**Graduated Return to Play Program & Criteria** - Once an athlete no longer has signs, symptoms, or behaviors of a concussion **and is cleared to return to activity by an MD or DO**, he/she should proceed in a step-wise fashion to allow the brain to re-adjust to exercise. The athlete will progress **one step each day**. The return to activity program schedule **may** proceed as below **following medical clearance**:\* **Medical clearance by a MD or DO is required by SC state law.\***

**Step 1:** Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.

**Step 2:** Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

**Step 3:** Non-contact training drills in full uniform- weight lifting, resistance training, and other exercises.

**Step 4:** Full contact practice or training.

**Step 5:** Full game play.

**If symptoms of a concussion re-occur, or if concussion signs are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by their health care provider. When situation is resolved, the athlete returns to step 1. I understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have read and understand the Bishop England Concussion Policy and understand the importance of reporting symptoms of a head injury/concussion. I further understand that it is my responsibility to report to my coach or Athletic Trainer if I possibly have a concussion or any other injury.**

\_\_\_\_\_  
**Student Athlete Name (print)**

\_\_\_\_\_  
**Student Athlete Signature & Date**

\_\_\_\_\_  
**Parent/Guardian Name (print)**

\_\_\_\_\_  
**Parent/Guardian Signature & Date**