



SMITH VOCATIONAL AND AGRICULTURAL HIGH SCHOOL INFORMED CONSENT FORM

ATHLETE NAME: _____

Risk Acknowledgement

Warning: Although participation in interscholastic athletics and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING, BUT NOT LIMITED TO, PARALYSIS AND DEATH.** Although serious injuries are not common in interscholastic athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and do have the responsibility to help reduce the chance of injury to themselves and others. **ATHLETES MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THE ATHLETIC TRAINER AND COACH, FOLLOW A PROPER STRENGTH AND CONDITIONING PROGRAM, INSPECT THEIR EQUIPMENT DAILY AND REPORT ANY PROBLEMS IMMEDIATELY TO THE COACH.**

By signing these statements, you, the student and parents, acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS SECTION.**

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

.....

Parental/Guardian Consent to Release, Treat, and Hold Harmless

I, _____, give my permission for the sports medicine staff at Smith Vocational and Agricultural High School to evaluate and treat the above named student if he/she becomes injured while participating in interscholastic athletic activities. I authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of such athletic activities or travel until such time as I can be notified. I authorize the release of any pertinent medical information from any treating physician or medical facility to the Athletic Trainers for Smith Vocational and Agricultural High School where this knowledge is related to my son's/daughter's athletic participation, treatment, and rehabilitation of the injury and welfare. I also agree to hold harmless the school, sports medicine staff, coaching staff, administration, or anyone else acting in the behalf of my son/daughter for any injury occurring to the above named student in the course of such athletic activities, travel, or injury care.

Parent/Guardian Signature: _____ Date: _____

Student Statement of Compliance and Acceptance of Risk

This application to compete in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Massachusetts Interscholastic Athletic Association or Smith Vocational and Agricultural High School. I have read the above statements and accept all risks involved with my athletic participation and **know, understand, and appreciate** those risks. I have been given the opportunity to ask and gain more knowledge about said risks and accept those risks.

Student Signature: _____ Date: _____

Concussion Awareness

Any head injury can be a serious life threatening condition. **It is important that the athlete and parent/guardian pay careful attention to these symptoms:** headache, pressure in head, nausea or vomiting, balance problems or dizziness, double or blurry vision, sensitivity to light or noise, feeling sluggish hazy foggy or groggy, confusion, concentration or memory problems. If any of these symptoms are noticed, a health care provider needs to be notified. Athletes who have not fully recovered from a head injury are significantly vulnerable for recurrent, cumulative, an even catastrophic consequences from a second head injury. This can be prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete will return to sport or other high risk activities when continuing to show symptoms of a concussion.

In order to return to play athletes will be required to have a note from their doctor clearing them to return to participation. They will also need to complete the return to play protocol under the supervision of the Athletic Trainer, as well as return to their baseline ImPACT score. **Please review our Return to Play protocol, as well as other concussion related resources, on our athletic website.**

I HAVE READ THIS AND I UNDERSTAND THE FACTS PRESENTED.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

.....

ImPACT Test Consent

Smith Vocational and Agricultural High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor or, to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

We want to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The SVAHS administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience.

By signing these statements, you, the student and parents, acknowledge that you have read and understand and are consenting to the test. **PARENTS WHO DO NOT WANT THEIR CHILD TESTED SHOULD NOT SIGN THIS SECTION.**

Parent/Guardian Signature: _____

Date:_____