



# 2025-2026 Athletic Packet (Grades 6 – 12)

Name of Student : \_\_\_\_\_ Grade: \_\_\_\_\_

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This packet contains not only the sports physical packet by New Mexico Activities Association (NMAA ByLaw 6.15) but also Rehoboth Christian School forms for your child to participate in athletics.

One packet must be filled out for each child and will cover a whole year.

## The athletic packet contains the following:

- Athletic Packet Information Sheet
- Athletic Conduct
- Permission to Participate & Assumption of Risk
- Student Transportation Consent Form (if applicable)
- Emergency Information

- Medical History Form (2 pages)

- Physical Examination Form

*These 2 forms can only be released to RCS if parent/guardian provides written permission*

- Medical Eligibility Form
- Consent to Treat Form
- Concussion in Sports (2 pages)

## When does it need to be completed?

Packets must be filled out prior to the first day of practice. If it is not completed, students will not be allowed to practice or participate. Due dates for physicals:

- Fall Sports – August 11
- Winter Sports – November 17
- Spring Sports – Feb 9

## Where do I bring it when it is completed?

Two options to return entire packet:

1. Return to the Administration Building. Please be sure to make a copy for your records.
2. By email to: [adminsec@rcsnm.org](mailto:adminsec@rcsnm.org)

Note: If your athletic packet is incomplete, it will be returned.

## What about the physical?

The physical examination form is contained in this packet however, only the Medical Eligibility Form is returned to the school. It must be completed **after April 1, 2025**. Please return the physical form with the completed packet.



## Athletic Packet Information Sheet

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Siblings attending Rehoboth Christian School:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you transferring to Rehoboth Christian School from another school? (circle one)      Yes      No

**If yes, please answer the following questions:**

School transferred from: \_\_\_\_\_

School address: \_\_\_\_\_

School phone number: \_\_\_\_\_ School fax number: \_\_\_\_\_

What sports did you participate in and at what level? (JV or Varsity)

Fall: \_\_\_\_\_

Winter: \_\_\_\_\_

Spring: \_\_\_\_\_

Has the student repeated any grade (8<sup>th</sup>-12<sup>th</sup>)?    Yes      No      If so, what grade? \_\_\_\_\_

### **NOTE:**

**All students who transfer from another school within the state of New Mexico after the 9<sup>th</sup> grade (or after varsity participation as an 8<sup>th</sup> grader) must be petitioned through the NMAA by completing NMAA forms A, B, and C.**



## Athletic Conduct

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### Athletic Handbook

Please read through the handbook in its entirety before signing and initialing this form. The Athletic Handbook is located at the following website: <https://www.rcsnm.org/admissions/schools/athletic-website.cfm>

I have read, understand and agree to the guidelines of the Rehoboth Christian Athletic handbook. \_\_\_\_\_  
(initial here)

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### Student Section

Rehoboth Christian School students who participate in athletics represent the school in a distinctive way. These students, therefore, take upon themselves the responsibility of defending and promoting the ideals of the school by their actions and words. Athletes are to behave in a manner consistent with that expected of a Christian and to conduct their lives so as to bring honor and respect upon themselves and their school.

#### **Students are asked to sign acknowledging the following:**

“I realize it is a privilege to represent Rehoboth Christian School in athletic events. I promise not to use tobacco, vaping products, alcohol beverages, or non-prescribed drugs, both during the school year and the summer months.”

“I understand that at Rehoboth Christian School there is a Christian standard of behavior that monitors our words and deeds in the classroom, at athletic activities, and in everyday life. If I seriously violate these standards, I will be subject to discipline.”

“If my actions are such that I am judged to have violated the letter or the intent of the code, I agree to submit to the discipline of the Athletic Discipline Committee.”

“I acknowledge that interscholastic athletics is a privilege and not a right. I am a student before an athlete and if I am not able to uphold academic excellence throughout my seasons of play, I understand my participation in athletics will be negatively impacted.”

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Parent Section

#### **At least one parent is asked to sign the following:**

“As a parent, I will do everything within my power to help my child to live by the code. I also agree to cooperate to the utmost with the coaches and administration of Rehoboth Christian School. Finally, I understand that academics come before athletics.”

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



## Permission to Participate

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I hereby give my **consent** for \_\_\_\_\_ in grade \_\_\_\_\_ to represent his or her school in athletic  
(student name)  
activities except those indicated on this form by the physician, provided that such athletic activities are approved by the State Association. I also give my permission for the student to accompany the school team on any of its local or out-of-town trips. Rehoboth Christian School will provide basic first aid at games and practices. The parents or guardians understand that the risk of minor injury, significant injury, and even death is assumed by the student and parent when they sign this form. However, in the event physicians, or other persons trained in the rendering of first aid are available as volunteers or otherwise, and they render aid to any student injured during the course of any school activity or travel, the parents do hereby release and forever discharge coaches, and Rehoboth Christian School from any liability arising out of any first aid or immediate treatment of injuries.

As a parent, I also will make sure my son/daughter will notify coaches of any injury sustained either at practice or games or in other events outside of their athletic participation at Rehoboth Christian School.

I hereby state that I agree with the above statements and have provided accurate information on the medical history of this student.

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

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## Assumption of Risk

By allowing your child to participate in athletics at Rehoboth Christian School, know there are a certain amount of risks associated with this participation. Each sport has inherent risks associated with participation such as:

- Least Severe - twisted ankles, bruise, charlie horse, pulled muscle
- Severe – broken bones, concussion, torn ligaments
- Very Severe – death, paralyzed, etc.

Coaches will make all efforts to minimize the risks associated with participation in each sport, but know that coaches can't eliminate all risks. You/the athletes are assuming a certain amount of risk by participating. Sign below to recognize that you are aware of this risk and still want your student competing in athletics at Rehoboth Christian School.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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



## Student Transportation Consent Form

### (For students with a driver's license)

Situations may arise when it is prudent or even necessary for a student to transport himself in a personally owned vehicle to a local destination. In situations where the student's activities are being supervised by Rehoboth staff or another adult, students may transport themselves provided:

1. The student has a valid driver's license.
2. The vehicle being used has adequate insurance coverage.
3. The supervisor has given permission for the student to drive.
4. The parent or guardian has previously given permission for the student to drive by completing a Student Transportation Consent Form.

The supervisor shall have the responsibility to verify the first, second, and fourth items listed above. If any one of these requirements cannot be verified, the supervisor shall not permit the student to transport himself.

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, hereby  
(parent name) (student name)  
allow my child to transport him/herself in a personally owned vehicle to a local destination. I am also  
aware that my child is not allowed to transport others in their vehicle.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NMAA PRE-PARTICIPATION EVALUATION (PPE) PACKET

*In accordance with New Mexico Activities Association Bylaw 6.15,  
the following sports physical packet must be used for all pre-participation examinations.*

## PURPOSE

The PPE is designed **to screen for injuries, illnesses, or other factors that increase an athlete's risk for injury or illness.** Experts in the field of athletic training, sports medicine, orthopaedics, family medicine, pediatrics, and osteopathics agree that the identification of predisposing factors that threaten one's safety are vital to participation in sport and will serve to improve the health and safety of athletes and active individuals.

The NMAA employs the use of the Preparticipation Physical Evaluation (PPE) Monograph, 5th Edition. The PPE Monograph was developed by the 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 the American Osteopathic Academy of Sports Medicine. It is also endorsed by the National Athletic Trainers' Association and the National Federation of State High School Associations. The NMAA Sports Medicine Advisory Committee also endorses the use of the 5<sup>th</sup> PPE Monograph.

## NMAA PPE REQUIRED FORMS

	Completed
✓ Emergency Information (parent/guardian) .....	<input type="checkbox"/>
✓ <b>*Medical History</b> (parent/guardian) .....	<input type="checkbox"/>
✓ <b>*Physical Examination</b> (HCP) .....	<input type="checkbox"/>
✓ Medical Eligibility (HCP) .....	<input type="checkbox"/>
✓ Consent to Treat (parent/guardian) .....	<input type="checkbox"/>
✓ Concussion Awareness (parent/guardian/student) .....	<input type="checkbox"/>

***\*Medical History and Physical Examination forms should remain with the parent/guardian and/or health care provider, unless parent/guardian provides written authorization to release the forms to the school.***

## FOR PARENTS

- ✓ The **Medical History** form should be filled out jointly with your son or daughter prior to the appointment.
- ✓ Please pay special attention to the "**Heart Health Questions**" listed on the **Medical History** form.
- ✓ The **Medical History** and **Physical Examination** forms should remain with you and/or your health care provider unless written authorization is provided to release this information to the school.
- ✓ Return all other forms to the school. No forms need to be returned to the New Mexico Activities Association.

## FOR SCHOOLS

- ✓ Schools should collect **Emergency Information, Medical Eligibility, Consent to Treat, and Concussion Awareness** forms.
- ✓ The **Medical History** and **Physical Examination** forms should NOT be collected unless written authorization is received from the parent/guardian.

## NOTES FOR APPROVED HCP

- ✓ Healthcare providers should review **Medical History** prior to evaluation and **retain a copy in the medical file.**
- ✓ Healthcare providers should complete and sign the **Physical Examination** and **Medical Eligibility** forms.
- ✓ **Medical Eligibility** form should be returned to the parent/guardian to submit to the school.
- ✓ **Medical History** and **Physical Examination** forms should be returned to the parent/guardian to secure.
- ✓ **American Academy of Pediatrics Cardiac Screening Guidance:**
  - Primary care providers should be aware of features of the clinical history, family history and physical examination suggestive of a risk for SCA/SCD.
  - A thorough history, family history and physical examination are necessary to begin assessing for SCA/SCD risk.
  - The ECG should be the first test ordered when there is concern for SCA risk. It should be interpreted by a medical provider trained in recognizing electrical heart disease.
  - Survivors of SCA and family members of those with SCA or SCD should have a thorough evaluation to assess for a potential genetic etiology.



# EMERGENCY INFORMATION

(Parent/Guardian, please fill out prior to examination)

## STUDENT INFORMATION

NAME (Last, First, MI): \_\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip

## PARENT/GUARDIAN INFORMATION #1

NAME (Last, First): \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Street

City

State

Zip

## PARENT/GUARDIAN INFORMATION #2 (if applicable)

NAME (Last, First): \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Street

City

State

Zip

## EMERGENCY CONTACT

NAME (Last, First): \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Street

City

State

Zip

## PARTICIPANT INSURANCE (Participants must be covered by accident/injury insurance prior to participation)

Insurance Carrier	Policy Number	Group ID

## SPORTS PARTICIPATING (Check all that apply)

Fall	Winter	Spring	Other
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Bowling
<input type="checkbox"/> Football	<input type="checkbox"/> Cheer	<input type="checkbox"/> Golf	<input type="checkbox"/>
<input type="checkbox"/> Soccer	<input type="checkbox"/> Dance	<input type="checkbox"/> Softball	<input type="checkbox"/>
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Powerlifting	<input type="checkbox"/> Tennis	<input type="checkbox"/>
	<input type="checkbox"/> Swimming/Diving	<input type="checkbox"/> Track/Field	
	<input type="checkbox"/> Wrestling		

## PARENT/GUARDIAN VERIFICATION (Print, Sign & Date)

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_

Date \_\_\_\_\_

A copy of this form should be placed into the athlete's medical file and should not be shared with schools or sports organizations without written authorization from parent/guardian.

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

## ■ 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 of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

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

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

Have you been immunized for COVID-19? (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	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

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

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

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
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)?			
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)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			





This form should be returned to the parent to secure and should not be shared with schools or sports organizations without written authorization from parent/guardian.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

1. 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?
2. 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 <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
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 <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> 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: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization. History and Physical Examination forms should not be shared with schools or sports organizations without written authorization from parent/guardian.

## ■ 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: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW MEXICO ACTIVITIES ASSOCIATION**

6600 PALOMAS AVE. NE  
ALBUQUERQUE, NM 87109  
PHONE: 505-923-3110  
FAX: 505-923-3114



## CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances, it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the New Mexico Activities Association (NMAA), \_\_\_\_\_ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/NMAA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, medical/osteopathic physician, physician assistant or nurse practitioner licensed by the state of New Mexico (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by New Mexico law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

### PLEASE PRINT LEGIBLY OR TYPE

"I, \_\_\_\_\_ the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student-athlete at \_\_\_\_\_ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/NMAA may employ or designate QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by New Mexico law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/NMAA."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## **CONCUSSION IN SPORTS**

# **A Fact Sheet for Athletes and Parents**

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### **WHAT IS A CONCUSSION?**

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

### **WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?**

#### **Observed by the Athlete**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"
- 

#### **Observed by the Parent / Guardian**

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

### **WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE**

#### **Athlete**

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

#### **Parent / Guardian**

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

***It's better to miss one game than the whole season.***

***Give yourself time to get better.*** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

## **RETURN TO PLAY GUIDELINES UNDER SB38**

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

## **REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES**

### **Senate Bill 38:**

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

**For more information on brain injuries check the following websites:**

<https://nfhslearn.com/courses/concussion-for-students>

<http://www.nfhs.org/resources/sports-medicine>

<https://www.cdc.gov/heads-up/index.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



## **SIGNATURES**

By signing below, parent/guardian and athlete acknowledge the following:

- ♦ Both have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*.
- ♦ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
- ♦ Athlete has received brain injury training pursuant to Senate Bill 38.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date