# HATCH VALLEY PUBLIC SCHOOLS DISTRICT

P. O. Box 790 Hatch, NM 87937 Phone (575) 267-8230 Fax (575) 267-8231



#### STUDENT EMERGENCY INFORMATION

\*Emergency information to be filled out and signed by parent or guardian.
\*Información de emergencia para ser llenada y firmada por el padre o guardián.

Studer	nt's Name:	Date of Birth:		Grade:
(Nomb	pre de estudiante)	(Fecha de nacimiento	0)	(Grado)
Does t	he above student have school insurance?/ ¿Tiene el estud	iante seguro escolar? :	Yes	No
If stud	ent has other health insurance, please list company name	and policy number/		
Si el es	tudiante tiene otro seguro de salud, por favor escriba el n	ombre de la empresa y	número de póliza:	
	Insurance Company:			_
	Policy Number:			_
Emerge	ency Contacts:			
Father/	Padre: Mother/Madre:		_ Home/Hogar:	
If parer	nts or guardians are not available, contact:			
1.	Name/Nombre	Phone/Teléfono (	)	
2.	Name/Nombre	Phone/Teléfono (	)	· ·
3.	Name/Nombre	Phone/Teléfono (	)	
Allergie	s/Alergias:			
	s/Alergias:			
Doctor:	Pho	ne/Teléfono ( )		
our cons	of an injury or emergency; we give our consent for coache e consent to coaches or trainers using their best judgemen sent to physicians and hospitals to render any medical trea ghter. This consent also applies to all out of town activitie	t in securing medical aid atment or services deen	d and/or ambulance	comica Ma -l:
criterio e nospitale	de una lesión o de emergencia; damos nuestro consentim nasta que se pueda contactar a un médico. Además, conse en la obtención de asistencia médica y / o servicio de amb es que hacen que cualquier tratamiento médico o servicios sentimiento se aplica también a todos los actividades fue	entimos a los entrenado ulancia. También damos s se considere necesario	res o instructores ut	ilizando su mejor
Sig (Fi	gnature of Parent/Guardian irma del Padres/guardianes)		Date (Fecha)	

# STUDENT-ATHLETE CODE OF THICS AND CONDUCT IN SUPPORT OF PURSING VICTORY WITH HONOR CONDITIONS OF THLETIC PARTICIPATION

Participation in athletics is a privilege that carries with it certain responsibilities and commitments. It is the RESPONSIBIITY of the student-athlete and his/her parent(s) or court appointed legal guardian(s) to be familiar with the standards and consequences for student-athlete conduct, residency requirements, and eligibility guidelines.

#### STUDENT CONDUCT:

- 1. Refrain from the use or possession of alcohol, drugs, steroids, or tobacco at all times.
- 2. Refrain from any form of HAZING of fellow student-athletes.
- 3. Avoid the use of foul language, on and off the field of competition.
- 4. Model "Pursuing Victory With Honor."
- 5. Refrain from the commission of criminal or delinquent acts, whether at school or during non-school hours.
- 6. Submit all "Participation Forms" with accurate information to the Athletic Department.
- 7. Will not circumvent any rules or guidelines of the Hatch Valley Public Schools or the New Mexico Activities Association.
- 8. If under indictment for a crime, the student-athlete will be ineligible until adjudicated.

## STUDENT RESIDENE REQUIREMENT:

1. Reside with Parent(s) or the court appointed legal guardian at the primary legally documented residence address.

#### STUDENT-ATHLETE AGREEMENT:

The student-athlete agrees to:

- 1. Abide by the "Student-Athlete's Code of Ethics" and "Pursuing of Victory With Honor."
- 2. Pledge to be positive about his/her athletic experience and accept responsibility for his/her actions.
- 3. Seek academic help if grades are poor.
- 4. Maintain scholastic eligibility (Comply with NMAA Guidelines).
- 5. Create, maintain, and promote team morale and high ideals of sportsmanship.
- 6. Be sincere, loyal and committed to the school, team and community.
- 7. Be a positive role model for others.
- 8. Dress properly at school, observe proper etiquette and respect others.
- 9. Be responsible for all issued equipment and return equipment at the end of the season.
- 10. Encourage parents to be involved with your team and your athletic experience in a positive and supportive manner.

It is understood that it is impossible to have a regulation for every circumstance. <u>Discretionary judgement will be used in situations not covered by a specific written rule or guideline</u>. A student-athlete or his/her parent(s) may obtain an explanation of any part of the Student-Athlete's Code of Ethics from a coach or the school district's athletic administrative office.

## STUDENT-ATHLETE AGREEMENT:

I, the student-athlete, acknowledge that I have read the terms of this Code of Ethics. I agree to conduct myself according to the terms of this Code of Ethics. I also understand and agree that if I CHOOSE to violate any of the terms of the Code of Ethics, my CURRENT or FUTURE participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under HVPS school district rules and policies or under civil or criminal laws.

>Student-athlete's Signature:	
I/we, the parent(s) or guardian(s) of the student-athlete, acknowledge that I/we hagree to conduct myself/ourselves according to the term of this Code of Ethics. I/s son/daughter CHOOSES to violate any of the terms of the Code of Ethics, his/her Cathletics may be limited or terminated in addition to penalties or consequences the under VHPS school district rules and policies or under civil or criminal laws.	we also understand and agree that if my/our
Parent or Court Appointed Legal Guardian Signature:	Date:

## HATCH VALLEY PUBLIC SCHOOLS ATHLETIC DEPARTMENT

# ACKNOWLEDGEMENT OF RULES AND TERMS FOR ATHLETIC PARTICIPATION

We, the student-athlete and parent or court appointed guardian of the student-athlete, acknowledge that we have read and understand the term, rules and information presented in the attach documents:

- 1. Condition for Participation
- 2. Emergency Information Card
- 3. Medical History and Physical Examination Information
- 4. Safety and Welfare Statement
- 5. Student-Athlete Code of Ethics
- 6. Parent or Guardian Code of Conduct

#### We Acknowledge:

- 1. Our family's primary resident address is:
- 2. The student-athlete lives with the parents or court appointed legal guardian at this primary residence address.

# WE ACKNOWLEDGE THAT WE HAVE SAVED THESE DOCUMENTS FOR FUTURE REFERENCE:

- 1. Conditions of Athletic Participation
- 2. Student-Athlete Code of Ethics
- 3. Parent or Guardian Code of Conduct

We agree that these rules and terms of athletic participation are important to the safety and well-being of our student-athlete. We agree to abide by these rules and terms of athletic participation and to conduct ourselves accordingly.

Student-athlete's Signature:	Date:
Parent or Court Appointed Legal Guardian Signature:	Date:

## HATCH VALLEY PUBLIC SCHOOL ATHLETIC DEPARTMENT SAFETY AND WELFARE STATEMENT

Student's Name:	Age:	Date of Birth:					
School Name:	Grade:	Place of Birth:					
Parent/Legal Guardian:	****	School Last Attended:					
Safety and Welfare of the Student-Athlete The HVPS Athletic Department has a deep concern	n for the safety and welfare of its athle	tes. We feel the reading and understanding of this form is that each individual participant is physically capable of					
Therefore, it is of upmost importance that this form and returned to the district's Athletic Director.		tudent-athlete and the parent or court appointed guardiar					
Permission To Participate in the HVPS Athletic Pro	ermission To Participate in the HVPS Athletic Program						
coaches. Any and all information when needed to Association in a timely manner.	n to participate in the HVPS Athletic Pro determine athletic eligibility shall be re	ogram under the supervision and responsibility of licensed eleased and submitted to the New Mexico Activities					
Assumption of Liability and Risk	***************	***************					
We have familiarized ourselves with the benefits a insurance program and will not hold the HVPS or the assume all risk and hazards incidental to the conduct absolve, indemnify, and hold harmless the HVPS are athletic trainers, and supervisors, and or all of them claims against the event organizers, sponsors, coact Department, the event organizers, and supervisory	ne HVPS Athletic Department responsible to of the activities, and transportation and HVPS Athletic Department, the even in, individually or as a group. In case of thes, athletic trainers, and supervisors, a personnel, sponsors, coaches, athletic	to ble for liability if an accident or injury should occur. We to and from such activities. We do hereby release, it organizer, supervisory personnel, sponsors, coaches, an injury to our son/daughter, we hereby waiver all and or all of them the HVPS and HVPS Athletic trainers, and supervisor, individually or as a group.					
We, the student-athlete and parent or court appoir assent and agree to the above terms, conditions, ar	nted guardian, acknowledge that we hand statements.	ave completely read, fully understand, and voluntarily					
Acknowledgement of Injury Risks	**************************************	******************					
We, the student-athlete and parent or court appoir and permanent injury to the student-athlete. We u participation in the HVPS Athletic Program.	ited guardian, are aware that participa inderstand and acknowledge the dange	tion in the HVPS Athletic Program involves risks of serious er and risk of these severe injuries as inherent to					
We, the student-athlete and parent or court appoint assent and agree to the above terms, conditions, an	ited guardian, acknowledge that we hand statements.	ve completely read, fully understand, and voluntarily					
Personal Medication Notification	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	******************					
For protection of the student-athlete, we the student doctors if the student-athlete is taking any medication therapy or treatment of any kind from the athletic to the state of the student at the student of the stude	on or using ointment, liniment, balm, c rainer or medical doctor	ed guardian, will inform the coaches, and/or medical or has a metal implant in his/her body BEFORE receiving					
Insurance (Please Check One)	·····	<b>宋京郑水本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本本</b>					
No, we do not wish to purchase the HVPS At medical expenses as a result of any accidental Name of Insurance Comp	al injury incurred as a result of participa	nsurance, as we have other insurance that will cover ation in the HVPS athletic program.					
(Please attach a copy of your insurance of	card)	Policy Number					
application form.		m remitting the proper payment and completion of the					
We, the student-athlete and parent or court appoint conditions.	ed guardian acknowledge and agree th	nat we have read, and will abide by the above stated					
We, the student-athlete and parent or court appoint assent and agree to the above terms, conditions, and	ed guardian acknowledge that we have I statements.	e completely read, fully understand, and voluntarily					
Student-athlete's Signature:		Date:					
▶ Parent or Court Appointed Legal Guardian Signature	E	Date:					

#### 6.15 PHYSICAL FITNESS

The Student must be physically fit. This fitness must be based on a physical examination of the Student occurring on or after April 1st of the previous school year and must be verified in writing by a licensed medical/osteopathic physician/physician's assistant or nurse practitioner to the extent authorized by their practice act and licensing authority. The physical is considered valid through the following school year. A Student must have a current physical on file for any participation outside of the school day (pre-season, in-season, off-season, summer). The certificate of examination must be on file in the member school office.

By State Education Agency regulations, a Student's fitness may be verified in writing by a "licensed chiropractic physician to the extent authorized by their practice act and licensing authority."

- Q1: Must a student have a current physical to be eligible to participate in school sponsored summer or out of season (ex. one hour after school) programs?
- A1: YES, for liability purposes, a student must have a current physical to be eligible to participate in school sponsored programs.
- Q2: If a student takes a physical examination in March of the current school year, is that physical examination valid during the fall sport season of the following school year?
- A1: NO, any physical examination taken prior to APRIL  $1^{st}$ , is valid for the PRESENT school year ONLY.
- Q3: If a student took a physical examination after April  $1^{st}$  of the previous school year, but prior to the present school year, is the examination valid throughout the present school year?
- A3: YES, a physical examination taken after April  $1^{st}$  is valid for the entire following school year.

#### 6.16 PARTICIPANT INSURANCE

Participants must be covered by accident/injury insurance prior to participation. They may carry school-offered insurance or provide the school with documentation that they are covered by a private insurance carrier. A document signed by the student and parent verifying insurance coverage must remain on file in the athletic administrative office.

- Q1. Must a student be covered by accident/injury insurance to be eligible to participate in a summer, or out of season (ex. one-hour per day) school sponsored program?
- A1. YES, for liability purposes, students' participation in these programs must be insured.

#### 6.17 AGE

An age limitation requirement provides commonality between student-athletes and schools in interscholastic competition; Inhibits "redshirting"; allows for the participation of younger and less experienced players, enhances the opportunity for more students to participate; promotes equality of competition; avoids over-emphasis on athletics, and helps to diminish the inherent risk of injury associated with participation in interscholastic athletics.

To ensure equality of competition and opportunity, a standard must be established to determine the cut-off date to age eligibility. Use of a specific cut-off date gives notice to all parties involved in interscholastic athletics and maintains equality of participant eligibility among schools.



Student Athlete Name (Last, First, M.I.):

# MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

(Cover sheet)

New Mexico Activities Association 6600 Palomas NE Albuquerque, NM 87109 www.nmact,org

**NOTE:** The NMAA does not need a copy of this form. Please return to your school's athletic department.

Medical History — Parent/Guardian please fill out prior to examination.

					Grade:	
	Street	City	State	Zip		
DOB:					AGE:	
Name of Parent/	Guardian					
Home Address:		The state of the same of the s			Phone:	Work:
. 5	Street	City	State	Zip	Cell:	
<b>Emergency Conta</b>	act				Phone:	Work:
	Name		Relationship		Cell:	
Address:						
S	treet	City	State	Zip		
Sports/Activities			-			
□ Baseball	☐ Football		☐ Cheer/Drill		☐ Wrestling	☐ Bowling
□Track/Field	☐ Tennis		□ Volleyball		☐ Golf	☐ Other
	□ Soccer		□ Softball		□ Basketball	
□ Cross country						
Please answ the doctor. pirth date) o	Please fill in on each pag	the stude	nt athlete's	personal	informa	ge PRIOR to your visit to tion (name, gender and ket to the school's
Please answithe doctor.  Dirth date) of athletic departments of a concussion is a displacement of a concussion	Please fill in on each pagartment.  gement isturbance in the function may include a vi	the stude e of the fo	nt athlete's  orm and retu  that can be caused as (headache, nause	personal  urn the er  by a blow to the	informa	tion (name, gender and
Please answithe doctor.  Dirth date) of athletic departments of a concussion is a displacement of a concussion	Please fill in on each pagartment.  gement isturbance in the function may include a view understand there is	the stude e of the fo	nt athlete's  orm and retu  that can be caused as (headache, nause	personal  urn the er  by a blow to the	informa	tion (name, gender and ket to the school's

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Name	0.	haal		Date of birth Sport(s)		
						_
Medicines and Allergies: Please list all of the	prescription and ove	er-the-c	ounter	medicines and supplements (herbal and nutritional) that you are current	y taking	9
Do you have any allergies? ☐ Yes ☐	lo If yes, please ide	antify ce	spoifin :	Blazen halan		
FT NA N 1	Pollens	nun sir	recurre c	□ Food □ Stinging Insects		
xplain "Yes" answers below. Circle questions	ou don't know the a	nswers	to.			_
GENERAL CHESTIONS		Yes	No	MEDICAL DIESTIDIAS	Ves	ani
Has a doctor ever denied or restricted your partic any reason?		-		26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	143	
<ol> <li>Do you have any ongoing medical conditions? If s below: ☐ Asthma ☐ Anemia ☐ Diabetes</li> </ol>	o, please identify	and tendents		27. Have you ever used an inhaler or taken asthma medicine?		
Other:	- Investoria		1	28. Is there anyone in your family who has asthma?		
3. Have you ever spent the night in the hospital?				29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
4. Have you ever had surgery?				30. Do you have groin pain or a painful bulge or hernia in the groin area?	-	
TEART HEALTH QUESTIONS ABOUT YOU		Yes	Sino	31. Have you had infectious mononucleosis (mono) within the last month?	-	
<ol> <li>Have you ever passed out or nearly passed out DU AFTER exercise?</li> </ol>	RING or			32. Do you have any rashes, pressure sores, or other skin problems?	-	
6. Have you ever had discomfort, pain, tightness, or pain, tightne		-		33. Have you had a herpes or MRSA skin infection?		
chest during exercise?	ressure in your			34. Have you ever had a head injury or concussion?		
7. Does your heart ever race or skip beats (irregular i	eats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
<ol><li>Has a doctor ever fold you that you have any heart check all that apply:</li></ol>	problems? If so,			36. Do you have a history of seizure disorder?		
☐ High blood pressure ☐ A heart munns	r			37. Do you have headaches with exercise?	-	
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:	n			Have you ever had numbness, tingling, or weakness in your arms or legs after being bit or falling?		
Has a doctor ever ordered a test for your heart? (For echocardiogram)	r example, ECG/EKG,			39. Have you ever been unable to move your arms or legs after being hit or falling?		and the same of
). Do you get lightheaded or feel more short of breath	than expected			40. Have you ever become ill while exercising in the heat?		THE PERSON
during exercise?				41. Do you get frequent muscle cramps when exercising?		Section 2
. Have you ever had an unexplained seizure?				42. Do you or someone in your family have sickle cell trait or disease?	-	
. Do you get more tired or short of breath more quick during exercise?	ly than your friends	The same		43. Have you had any problems with your eyes or vision?		
ART HEALTH DUESTIONS 4800T YOUR FAMILY		Yes	Nes	44. Have you had any eye injuries?		
. Has any family member or relative died of heart pro	blems or had an	1	-	45. Do you wear glasses or contact lenses?		Ì
unexpected or unexplained sudden death before an	50 (including		-	46. Do you wear protective eyewear, such as goggles or a face shield?		
drowning, unexplained car accident, or sudden infair.  Does anyone in your family have hypertrophic cards	myonathy Marian			De you worry about your weight?  48. Are you trying to or has anyone recommended that you gain or		
syndrome, arrhythmogenic right ventricular cardiom syndrome, short QT syndrome, Brugada syndrome,	yopathy, long QT or catecholamineroic	a Constitution of the	1	lose weight?		
polymorphic ventricular tachycardia?			-	49. Are you are a special diet or do you avoid certain types of foods?		
Does anyone in your family have a heart problem, pulmplanted defibrillator?	icemaker, or			50. Have you ever had an eating disorder?	The Control of the Co	
Has anyone in your family had unexplained fainting.	unexplained		_	51. Do you have any concerns that you would like to discuss with a doctor?		
seizures, or near drowning?	anoxinaniou .	Sec.		52. Have you ever had a menstrual period?		
ME AND JOINT QUESTIONS		Yes	Mice	53. How old were you when you had your first menstrual period?		
Have you ever had an injury to a bone, muscle, ligar that caused you to miss a practice or a game?	ent, or tendon			54. How many periods have you had in the last 12 months?		
Have you ever had any broken or fractured bones or	dislocated joints?			Explain "yes" answers here		
Have you ever had an injury that required x-rays, MR			-			
injections, therapy, a brace, a cast, or crutches?	, 0. 00011		1	The second secon		
Have you ever had a stress fracture?						
Have you ever been told that you have or have you ha instability or atlantoaxial instability? (Down syndrome	or dwarfism)					
Do you regularly use a brace, orthotics, or other assis	tive device?					
Do you have a bone, muscle, or joint injury that bothe	rs you?					
Do any of your joints become painful, swollen, feel wa						
Do you have any history of juvenile arthritis or connec			].			
eby state that, to the best of my knowledge				ons are complete and correct,		
ure of athlete	Signature of na	rent/mard	line	Date		

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# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_

PHYSICIAM REMINDERS  1. Consider additional questions on more sensitive issues  • Dα you feel stressed out or under a lot of pressure?  • Dα you ever feel sad, hopeless, depressed, or anxious?  • Do you feel safe at your home or residence?				
Have you ever tried 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 supplements to help you gain or lose weight or im;     Do you wear a seat belt, use a helmet, and use condoms?     Consider reviewing questions on cardiovascular symptoms (questions 5–14).	lement? prove your performs	ance?		
The state of the s	-			
EXAMINATION				
Height Weight	☐ Male	☐ Female		
BP / ( / ) Pulse	Vision R 2	20/	L 20/	Corrected  Y N
MEDICAL Appearance		NORMAL		ASNORMAL FINDINGS
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arac arm span > height, hyperlaxity, myopia, MVP, acrtic insufficiency)  Eyes/ears/nose/threat     Pupils equal     Hearing	chnodactyly,			
Lymph nodes				
Heart*				
Murmurs (auscultation standing, supine, +/- Valsalva)     Lecation of point of inaximal impulse (PMI)			Podrigues projection and the state of the st	
Pulses  Simultaneous famoral and radial pulses				
Lungs				
Abdomen				
Genilourinary (males only)*				
Skin     HSV, lesions suggestive of MRSA, tinea corporis	in customer (as of the customer of the custome			
Neurologic :				
MINISTER DESCRIPTION			47.4	
Neck				
Back Shoulder/arm				
Elbowifoream				
Mrist/hand/lingers				
hp/thigh				
Snee			-	
.ag/ankla			-	
Footifioes				
unctional  Duck-walk, single leg hap				
onsider ECS, schecardiogram, and eferral to cardiology for abnormal cardiac history or exam- nosider GU exam if in private setting. Having third party present is recommended, posider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concu-	ssion.			
Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluations.	ation or treatment ic	or		
Not cleared				
□ Pending further evaluation				
☐ For any sports				
☐ For certain sports				
Reason				
commendations				
ove examined the above-named student and completed the preparticipation ticipate in the sport(s) as outlined above. A copy of the physical exam is on a saise after the athlete has been cleared for participation, the physician making to the athlete (and parents/guardians).	rescind the clea	rance u <mark>ntil t</mark> he pro	available to the sch blem is resolved an	1001 at the request of the parents. If condi- d the potential consequences are completely
ne of physician (print/type)				Date
ress				Phone
ature of physician				T TOTAL
110 American Academy of Family Physicians, American Academy of Pediatrics. Am				

\_\_ Date of birth \_\_

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# NMAA New Madgo Abduties Association

# **CONCUSSION IN SPORTS**

# A Fact Sheet for Athletes and Parents

# 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 PRESENT

#### 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 THE SB1

- 1. Remove immediately from activity when signs/symptoms are present.
- 2. Must not return to full activity prior to a minimum of one week..
- 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 1 AND BRAIN INJURIES

#### Senate Bill 1:

http://www.nmlegis.gov/Sessions/10%20Regular/final/SB0001.pdf

For more information on brain injuries check the following websites:

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

http://www.cdc.gov/concussion/HeadsUp/youth.html

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

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











# SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached NMAA's Concussion in Sports Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity, and I am aware of the State of the New Mexico's Senate Bill 1; Concussion Law.

Athlete's Signature	Print Name	Date
Parent/Guardian's Signature	Print Name	Date