4385 Price Avenue, Santa Rosa, CA 95407 Ph: (707) 542-0550 Fx: (707) 577-7962 www.wrightesd.org

#### **Concussion Information Sheet**

A concussion is a brain injury and all brain injuries are serious. They are 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 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:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- · Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns

- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

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

- Appears dazed
- Vacant facial expression
- · Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in coordination
- · Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- · Loses consciousness

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#### **Concussion Information Sheet**

## What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. 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 fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice 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, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to- Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <a href="http://www.cdc.gov/ConcussionInYouthSports/">http://www.cdc.gov/ConcussionInYouthSports/</a>

Student-Athlete Name Printed	Student-Athlete Signature	Date
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 7/1/2011

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#### Información Sobre Conmoción Cerebral

Una conmoción cerebral es una herida del cerebro y todas las heridas del cerebro son graves. Se causan por un chichón, golpe, o sacudida a la cabeza, o por un golpe a otra parte del cuerpo con fuerza transmitido a la cabeza. Ellos pueden tener la gama de ser leve a severo y pueden trastornar el modo que el cerebro normalmente funciona. Aunque la mayoría de las conmociones cerebrales son leves, todas las conmociones cerebrales son potencialmente graves y pueden resultar en complicaciones incluyendo daño al cerebro prolongado y la muerte si no se reconoce y tratado apropiadamente. En otras palabras, hasta un "golpecito" o un chichón en la cabeza puede ser grave. Ud. no puede ver una conmoción cerebral y la mayoría de las conmociones cerebrales de los deportes ocurren sin pérdida de conocimiento. Señales y síntomas de una conmoción cerebral pueden aparecer inmediatamente después de la herida o puede tomar horas o días para que completamente aparezcan. Si su niño le informa de cualquier de los síntomas de conmoción cerebral, o si Ud. mismo se da cuenta de los síntomas o señales de conmoción cerebral, busque la atención médico inmediatamente.

#### Se puede incluir uno o más de los siguientes síntomas:

- Dolores de cabeza
- "Presión en la cabeza"
- Náusea o vomitando
- Dolor del cuello
- Problemas del equilibrio o mareo
- Visión indistinto, doble, o borroso
- Sensibilidad a la luz o ruido
- Se siente perezoso o lento
- Se siente nebuloso o grogui
- Soñoliento
- Cambios en los hábitos de sueño

- Amnesia
- "No se siente bien"
- Fatiga o pérdida de energía
- Tristeza
- · Nerviosismo o ansiedad
- Irritabilidad
- Más emocional
- Confusión
- Problemas de concentración o memoria (Se olvida las jugadas del partido)
- Repitiendo la misma pregunta/comentario

### Señales observadas por los compañeros del equipo, los padres y los entrenadores incluyen:

- Aparecer aturdido
- Expresión de facial vacante
- Confundido sobre lo que debe hacer
- Se olvida las jugadas del partido
- No está seguro del juego, el tanto, o contrincante
- Se mueve con torpeza o muestra falta de coordinación
- Contesta las preguntas lentamente
- Arrastra las palabras cuando habla
- Muestra cambios en comportamiento o personalidad
- No puede recordarse de los eventos antes del golpe
- No puede recordarse de los eventos después del golpe
- Ataques o convulsiones
- Cualquier cambio típico en comportamiento o personalidad
- Pérdida de conocimiento

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#### Información Sobre Conmoción Cerebral

# ¿Qué puede pasar si mi niño sigue jugando con una conmoción cerebral o regresa demasiado pronto?

Atletas con las señales y síntomas de conmoción cerebral deben estar removidos del juego inmediatamente. Continuar de jugar con señales y síntomas de conmoción cerebral deja al atleta joven especialmente vulnerable a herida más grave. Se aumenta el riesgo de daño significante de una conmoción cerebral por un período de tiempo después de que ocurra la conmoción cerebral, particularmente si el atleta sufre otra conmoción cerebral antes de recuperar completamente de la primera. Esto puede resultar a una recuperación prolongada, o hasta hinchazón severo del cerebro (síndrome de segundo impacto) con desolador y hasta consecuencias mortales. Es bien conocido que atletas adolescentes muchas veces faltan de informar síntomas de las heridas. No es diferente con las conmociones cerebrales. Como resultado, la educación de administradores, entrenadores, padres y estudiantes es clave a la seguridad del estudiante quien es atleta.

### Si Ud. piensa que su niño ha sufrido una conmoción cerebral

Cualquier atleta aún que se sospecha de haber sufrido una conmoción cerebral debe estar removido del juego o la práctica inmediatamente. Ningún atleta puede regresar a la actividad después de una herida aparente a la cabeza o conmoción cerebral, indiferente de lo leve que aparezca o lo rápido que los síntomas se van, sin el permiso médico de poder regresar a jugar. Observación cuidadosa del atleta debe continuar por varias horas. La Política de IESA y IHSA de Regresar a Jugar (The Return-to- Play Policy of the IESA and IHSA) requiere que las atletas proporcionan a su escuela con permiso por escrito de regresar a jugar sea por un medico licenciado de practicar medicina en todos sus ramas o por un entrenador atlético certificado trabajando conjuntamente con un médico licenciado de practicar medicina en todos sus ramas antes de regresar o practicar después de una commoción cerebral o después de estar removido de una competición deportiva inter-académico debido a una herida posible a la cabeza o conmoción cerebral y de no tener el permiso para regresar a aquella misma competición deportiva. En conforme con la ley estatal, a todas las escuelas se les requieren obedecer esta política. Ud. también debe avisarle al entrenador de su niño si Ud. piensa que su niño tenga una conmoción cerebral. Acuérdese que es mejor de perder un juego que perder toda la temporada. Y cuando tiene duda, el atleta no juega.

Para información actual y la que se pone al día sobre conmociones cerebrales Ud. puede ir a: <a href="http://www.cdc.gov/ConcussionInYouthSports/">http://www.cdc.gov/ConcussionInYouthSports/</a>

Nombre de Estudiante- Atleta Escrito en Letra de Molde	Firma de Estudiante- Atleta	Fecha
U.		
Nombre de Padre o Tutor	Firma de Padre o Tutor	Fecha
Escrito en Letra de Molde		

Adaptado del CDC y la 3ª Conferencia Internacional sobre Conmociones Cerebrales en el Documento de Deportes creado el 7/1/2011

PANS

sign an appropriate waiver may result in exclusion of your child from school for up to five days.

PHYSICAL EXAMINATION; PARENT REFUSAL TO CONSENT (EC §49451): A child may be exempt from physical examination whenever the parents file, annually, a written statement with the school principal stating that they will not consent to routine physical exam of their child. Whenever there is good reason to believe the child is suffering from a recognized contagious disease, the child will be excluded from school attendance.

VISION APPRAISAL (EC §49455): The district is required to appraise each student's vision during kindergarten, upon initial enrollment, and in grades 2, 5, and 8. Appraisal in the year immediately following a student's first enrollment in grades 4 or 7 shall not be required. The appraisal shall include tests for visual acuity, near vision, and color vision; however, color vision shall be appraised once and only on male students. The evaluation may be waived upon presentation of a certificate from a physician, surgeon, physician's assistant, or optometrist setting out the results of a determination of the student's vision, including visual acuity and color vision. This appraisal is not required if a parent files a written objection based on a religious belief with the principal.

SCOLIOSIS SCREENING NOTICE (EC §§49451 and 49452.5): In addition to the physical examinations required pursuant to Sections 100275, 124035 and 124090 of the Health and Safety Code, the district may provide for the screening of every female student in grade 7 and every male student in grade 8 for the condition known as scoliosis.

DENTAL FLUORIDE TREATMENT (H&SC §104830 et seq.): Pupils will be provided the opportunity to receive the topical application of fluoride or other decay-inhibiting agent to each pupil's teeth if the parent, guardian, or eligible pupil submits a letter stating that the treatment is desired.

PUPIL NUTRITION/NOTICE OF FREE AND REDUCED PRICE MEALS (EC §§48980(b), 49510, 49520 and 49558):

Needy children may be eligible for free or reduced price meals. Details, eligibility criteria, and applications to participate in a free or reduced price meal program if it is available are available at your child's school. Individual records pertaining to student participation in any free or reduced-price meal program may, under appropriate circumstances, be used by school district employees to identify students eligible for public school choice and services pursuant to the federal Every Student Succeeds Act. When a household is selected for verification of eligibility for free and reduced meals, the District must notify the parent that their child(ren)'s eligibility is being verified.

COMMUNICABLE DISEASES (EC §48216 and 49403): The district is authorized to administer immunizing agents to pupils whose parents have consented in writing to the administration of such immunizing agent. The district is required to exclude pupils who have not been properly immunized pursuant to Health and Safety Code 120325 and 120335. The district must notify parents that they have two weeks to supply evidence either that the pupil has been properly immunized or is

exempted from the requirement. All students entering kindergarten, advancing from sixth to seventh grade in the district, or prior to his or her first admission to the district, will be required to comply with the immunization requirements of Health and Safety Code section 120335, unless the student provides the district with a valid exemption from a licensed physician. No new personal belief exemptions will be accepted. Students with personal-belief exemptions on file with the district as of January 1, 2016, shall be allowed to continue enrollment until entering the next grade span in the district. Grade spans are defined as birth through preschool, K-6, including transitional kindergarten, and 7-12. Students qualified for an individualized education program may access special education and related services as required by his or her individualized educational program.

MEDICATION (EC §49423, §49423.1): Any student who must take prescribed medication at school and who desires assistance of school personnel must submit a written statement of instructions from the physician and a parental request for assistance in administering the medication. Students may also carry and self-administer prescription autoinjectable epinephrine and prescription inhaled asthma medication upon the school's receipt of specified written confirmation with instructions for self-administration and authorization from the student's parent and physician or surgeon. The parent must release the school district and personnel from liability for any harm resulting from the self-administered medication, and provide a release for authorized school personnel to consult with the physician or surgeon.

MEDICAL AND HOSPITAL SERVICES FOR PUPILS (EC §§49471 and 49472): The district is required to notify parents in writing if it does not provide or make available medical and hospital services for students injured while participating in athletic activities. The district is also authorized to provide medical or hospital services through non-profit membership corporations or insurance policies for student injuries arising out of school-related activities.

AVAILABILITY OF INDIVIDUALIZED INSTRUCTION/PRESENCE OF PUPIL WITH TEMPORARY DISABILITY IN HOSPITAL (EC §§48206.3, 48207-48208):

Individualized instruction is available to students with temporary disabilities whose disability makes attendance in the regular day classes or alternative education program in which the student is enrolled impossible or inadvisable. Parents of students hospitalized or with a temporary disability shall notify the school district where the student receives care if an individualized instruction program is desired.

CONTINUING MEDICATION REGIMEN (EC §49480):

Parents of any student on a continuing medication regimen for a non-episodic condition shall inform the school nurse or other designated certificated school employee of the medication(s) being taken, the current dosage, and the name of the supervising physician. (See attached form.) With the consent of the parent, the school nurse may communicate with the physician and may counsel with school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible

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2017

August 2017

STUDENT ACCIDENT INSURANCE / HEALTH INSURANCE 2017-2018 School Year

Dear Parents:

The Wright Elementary School District <u>does not provide medical, accident or dental insurance</u> for pupils injured on school premises or through school activities. In accordance with Education Code Section 49472, the District is making available a low cost medical/dental accident insurance program.

**Accident Only Plans** 

The purpose of these plans is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plans pay the first \$500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments.

The plan costs are in the chart below. You may obtain a detailed brochure/application and sign up online at <a href="https://www.peinsurance.com">www.peinsurance.com</a> (click on Products, then Student Insurance). Please read the Student Benefits Plan Brochure to select the plan that best meets your needs.

Plans Are A ONE TIME ANNUAL Payment (no refunds available)

Options	Low	High
At School Plan		
Grades P-8	\$11.00	\$25.00
Grades 9-12	\$24.00	\$54.00
24-Hr-a-Day Plan		
Grades P-8	\$75.00	\$161.00
Grades 9-12	\$92.00	\$192.00

Please see brochure for complete plan details

**Health Insurance Plans** 

Pacific Educators can now assist people in applying for health insurance plans that meet the guidelines of the Affordable Care Act and help you avoid potential tax penalties. These penalties will be increasing each year from 2015-on. Some may qualify for tax savings and government assistance. They will be happy to help you get all the potential assistance/subsidies you are eligible for. Please call the number below or visit our website at <a href="www.peinsurance.com">www.peinsurance.com</a> click 'products' and then 'health insurance'.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses.

Since the district does <u>NOT</u> provide medical/dental accident insurance, we urge that serious consideration be given to these programs. If you are interested, please obtain a brochure <u>online</u> at <u>www.peinsurance.com</u> or visit your child's school office. If you need assistance or have any questions, please call Pacific Educators, Inc., at **(800) 722-3365**.

Adam Schaible, Superintendent Wright Elementary School District