



education... the adventure of a lifetime

SEAFORD UNION FREE SCHOOL DISTRICT

SEAFORD HIGH SCHOOL • 1575 SEAMANS NECK RD. • SEAFORD • NEW YORK • 11783 • (516) 592-4350

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SUPERINTENDENT OF SCHOOLS

CONCUSSION INFORMATION/PARENT PERMISSION

Dear Parent/Guardian: Your son/daughter is a candidate for one of the interscholastic athletic teams sponsored by the Seaford School District. As you know, physical injuries may occur as a result of participation in any sport. Concussions are among the types of injuries that may occur during interscholastic sports activities. A concussion is a type of traumatic brain injury caused by an impact or blow to the head or body.

Symptoms of a concussion include, but are not necessarily limited to:

- Amnesia (e.g. decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheaded
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (e.g. sleeping more or less than usual)

The District's policies provide for the immediate removal from athletic activities of any student who has sustained, or is believed to have sustained a concussion. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that he or she has sustained a concussion until proven otherwise. The District will follow any directives issued by the student's treating physician with regard to limitations and/or restrictions on activities for the student.

Detailed information on concussions can be found on the websites of the New York State Education Department and the New York State Department of Health. See www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ConcussionManageGuidelines.pdf.



By signing below, I signify that I understand that there are risks inherent in permitting my son or daughter to participate in interscholastic athletics, including the risk of serious physical injuries, including but not limited to concussions. This consent to my child's participation is given with the knowledge that participation in interscholastic athletics can present inherent risks of injury that no amount of care, caution, instruction, expertise or supervision can eliminate. Mindful of these risks, I voluntarily give my permission for my son/daughter to participate in interscholastic athletics.

By signing below, I further acknowledge that I have read and understand the above statements regarding concussions. I further agree to promptly inform the District in the event my child sustains a concussion outside of school so that appropriate safeguards can be taken with respect to his or her participation in interscholastic athletics.

Parent Guardian Signature

Dated

Parent/Guardian (Print Name)

Student (Print Name)

Sport

Level

- All student-athletes MUST have signed consent before they will be allowed to participate in an interscholastic sport.