

CITY OF BENICIA
CONCUSSION AND HEAD INJURY INFORMATION SHEET

Participant:	Address:
Division:	Telephone:
Location:	DOB:

The City of Benicia takes concussions and head injuries seriously. You may have seen a similar form if you participate in school district sports. Pursuant to Education Code Section 49475, before a participant may try-out, practice, or compete in any school district sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the participant and parent/legal guardian must review and execute this Concussion and head Injury Information Sheet. Once signed, this Sheet is good for one year and is applicable to all City sports programs in which the participant may participate. You must fill out this form even if you have done one for the school district.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a participant is suspected of sustaining a concussion or head injury during an athletic activity, the participant shall be immediately removed from the activity. The participant will not be allowed resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician’s assistant for all other sports/athletic activities), who must affirmatively state (1) that the/she has been trained in concussion management and is acting with the scope of his/her licensed medical practice, and (2) the participant has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a participant should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the participant must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the participant should be removed from the activity. For the safety and protection of the participant, once a supervising individual makes a determination that a participant must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a participant is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the participant does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling “slow,” “foggy,” or “not right,” difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the participant reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the City reserves the right to have the participant taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: _____
Participant _____
Signature _____

Dated: _____
Adult _____
Signature _____

Original to be held on file for a period two (2) years from date signed.