



TD#3 Tempe Athletic Conference (TAC) Packet Keep at Home

Directions:

1. The information in this packet is meant to be kept at home.
2. Please read **ALL** of the enclosed documents; the forms you sign in the *Return to School* packet pertain to information in this *Keep at Home* packet.

For more information or questions - Please contact your schools Athletic Director or the District Athletic Office

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Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

 **Plan ahead.** What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____



Dangers of Heat-Related Illnesses

Our bodies create a tremendous amount of heat. Normally, they're cooled through sweating and by heat radiating through the skin.

But in very hot weather, high humidity, and other conditions, this natural cooling system may begin to fail, letting heat in the body build to dangerous levels. This can cause heat illness, such as heat cramps, heat exhaustion, or heat stroke.

Heat Cramps

Heat cramps are brief, painful muscle cramps in the legs, arms, or abdomen that may occur during or after vigorous exercise in extreme heat. The sweating that occurs with intense physical activity causes the body to lose salts and fluids. This low level of salts causes the muscles to cramp.

Kids are particularly at risk for heat cramps when they aren't drinking enough fluids.

Although painful, heat cramps on their own aren't serious. But cramps can be the first sign of more serious heat illness, so they should be treated right away to help avoid any problems.

What to Do:

A cool place, rest, and fluids should ease a child's discomfort. If possible, give fluids that contain salt and sugar, such as sports drinks. Gently stretching and massaging cramped muscles also may help.

Heat Exhaustion

Heat exhaustion is a more severe heat illness that can occur when someone in a hot climate or environment hasn't been drinking enough fluids. Symptoms can include:

- increased thirst
- weakness
- fainting
- muscle cramps
- nausea and/or vomiting
- irritability
- headache
- increase sweating
- cool, clammy skin
- elevation of body temperature, but less than 104°F (40°C)

What to Do:

- Bring your child to a cooler place indoors, an air-conditioned car, or shady area.
- Remove your child's excess clothing.
- Encourage your child to drink cool fluids containing salt and sugar, such as sports drinks.
- Put a cool, wet cloth or cool water on your child's skin.
- Call your doctor for advice. If your child is too exhausted or ill to drink, treatment with intravenous (IV) fluids may be necessary.

If left untreated, heat exhaustion can develop into heatstroke, which can be fatal.

Heatstroke

The most severe form of heat illness is heatstroke. **Heatstroke is a life-threatening medical emergency.**

In heatstroke, the body cannot regulate its own temperature. Body temperature can soar to 106°F (41.1°C) or even higher, leading to brain damage or even death if it isn't quickly treated. Prompt medical treatment is required to bring the body temperature under control.

Factors that increase the risk for heatstroke include overdressing and extreme physical activity in hot weather with inadequate fluid intake.

Heatstroke also can happen when a child is left in, or becomes accidentally trapped in, a car on a hot day. When the outside temperature is 93°F (33.9°C), the temperature inside a car can reach 125°F (51.7°C) in just 20 minutes, quickly raising body temperature to dangerous levels.

What to Do:

Call for emergency medical help if your child has been outside in extreme temperatures or another hot environment and shows one or more of these symptoms of heatstroke:

- severe headache
- weakness, dizziness
- confusion
- nausea
- rapid breathing and heartbeat
- loss of consciousness
- seizure
- no sweating
- flushed, hot, dry skin
- temperature of 104°F (40°C) or higher

While waiting for help:

- Get your child indoors or into the shade.
- Undress your child and sponge or douse him or her with cool water.
- Do **not** give fluids unless your child is awake, alert, and acting normally.

For more information visit:

<http://www.nfhs.org/articles/dangers-of-heat-illness-reduced-by-following-proper-guidelines/>

Dangers of Sudden Cardiac Arrest (SCA)/Sudden Cardiac Death (SCD)

Sudden cardiac arrest occurs more frequently in males than females, and, in children it most commonly occurs between 10-19 years of age. Still, it's important to note that SCA may occur in children of all ages, even infants.

Some other risk factors include:

- Athletic activity: Two-thirds of the deaths caused by SCA in children occur during exercise or activity. SCA is the leading cause of death in young athletes, accounting for 75 percent of all athlete-related deaths.
- Known congenital heart disease or structural heart abnormalities.
- Known abnormal heart rhythms associated with congenital heart disease. Most commonly, these include ventricular arrhythmias or atrial arrhythmias, especially the post-operative state or in the presence of a weakened heart.
- Known abnormal heart rhythms that are very rapid, even with a normal heart. For example, rapid ventricular tachycardia or atrial fibrillation with a rapid ventricular response.
- Undiagnosed cardiac conditions, especially those known to be associated with sudden cardiac arrest.
- Obesity and hypertension.
- Exposure to drugs, medications, toxins and infectious agents, including cocaine, inhalants, recreational or club drugs, and some prescription medications.
- Sudden blow to the chest directly over the heart (commotio cordis).
- Family history of:
 - Known heart abnormalities
 - Sudden death before 50 years of age
 - Conditions known to cause SCA, such as long QT syndrome, Brugada syndrome, catecholaminergic polymorphic ventricular tachycardia (CPVT), hypertrophic cardiomyopathy (HCM), arrhythmogenic right ventricular cardiomyopathy (ARVC) or other familial cardiomyopathies
 - Unexplained fainting or seizures

Symptoms of sudden cardiac arrest

Warning signs and symptoms do exist in 30-50 percent of cases of SCA/SCD, but are often ignored or misunderstood.

If your child has any of the warning signs or symptoms of SCA, make an immediate appointment with your pediatrician or take your child to the ER if they appear distressed in any way.

Warning signs and symptoms may include:

- Exercise related chest pain or discomfort
- Unexplained fainting (syncope) or near fainting, especially with or just after activity
- Repeated episodes of unexplained fainting (syncope)
- History of recurrent fainting or unusual seizures/seizure-like activity, especially with or just after activity
- Dizziness or lightheadedness
- Racing heart rate, palpitations
- Excessive fatigue or unexplained shortness of breath with exercise
- Recent viral infection with chest pain or change in exercise tolerance
- History of a heart murmur whose cause has not been determined with certainty
- History of high blood pressure
- Prior evaluation or treatment for a cardiac condition
- Restriction from activity because of a cardiac issue

For more information visit: <https://nfhslearn.com/courses/61032/sudden-cardiac-arrest>

Dangers of Prescription Opioid Use

Sometimes children need medicine to help with pain after surgery or a procedure. Prescription opioid medicines are very good at controlling pain. They work by blocking pain messages from reaching the brain.

There are risks to taking opioid pain medicines. They can cause serious side effects and lead to dependence, addiction, and overdose. The misuse of these medicines has contributed to the opioid crisis in America. Hundreds of people die from opioid overdoses every day, and millions are fighting addiction.

You may be worried that your child could become addicted or be at risk for an overdose. By reading the information below and following the opioid safety checklist, you can give your child opioid pain medicine as safely as possible.

Opioid Safety Checklist

- Give the opioids exactly as prescribed.
- Give the opioids only to the person they were prescribed for.
- Store the opioids in a locked cabinet away from children, friends, and visitors.
- Keep track of how much medicine is in the container so you know if someone else is taking the medicine.
- Safely get rid of any leftover opioids as soon as your child no longer needs them.
- Talk to your children about the risks of taking medicines that are not prescribed for them.

What Opioid Pain Medicines Are Prescribed for Children and Teens?

Opioid pain medicines prescribed for children and teens include:

- hydrocodone with acetaminophen liquid (Hycet[®]) and pills (Vicodin[®] and Lortab[®])
- oxycodone with acetaminophen liquid (Roxicet[®]) and pills (Percocet[®])
- hydromorphone liquid and pills (Dilaudid[®])
- morphine liquid and pills
- oxycodone liquid and pills
- others — Ask your health care provider if your child is prescribed an opioid pain medicine that is not on this list.

What Are the Risks of Opioid Pain Medicines?

Someone who takes an opioid pain medicine for a few days might notice side effects like sleepiness, constipation, itching, and stomach upset. When opioids are taken as directed, these side effects may be inconvenient, but are not dangerous.

If opioids are taken for longer, there are other risks, including:

- developing a tolerance (needing more opioid for the same pain relief)
- physical dependence (having symptoms of withdrawal when the opioid is stopped)
- addiction (when someone has very strong cravings and continues to take an opioid even when it causes problems with health, relationships, and money)

Could My Child Become Addicted to Opioids?

Most kids and teens who take opioids for a short time as instructed by a health care provider do not get addicted. For example, a teen who has surgery or a broken bone and takes an opioid as prescribed is very unlikely to become addicted.

For more information visit:

<http://aiaonline.org/files/16347/high-school-athletes-and-the-risks-associated-with-opioid-use.pdf>



Tempe Athletic Program Mild Traumatic Brain Injury (MTBI) / Concussion Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified healthcare professional.
- Following a concussion, the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.
- If a concussion is suspected during a practice session or game I will be removed from the athletic activity and my parent/guardian will be notified.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line, and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences, and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____ Date: _____

Parent or legal guardian:

Print Name: _____ Signature: _____ Date: _____