

For office use only

Start Date:
Grade:
Teacher:

# Delton Kellogg Schools



## Enrollment Form



For office use only

Birth Cert	___	Bus	___
Immunizations	___	POR	___
Vision/Hear	___	Lunch	___

Parent/Guardian must supply student's state certified birth certificate and immunization record upon enrollment

### STUDENT INFORMATION

Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip County

Birth Date: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Main Telephone Number: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

Who does the student reside with: \_\_\_\_\_

Parents are (please circle): Divorced Married Separated Single Widowed

Mailing Address (if different than home address) or Second Mailing Address to non-custodial Parent (if applicable):  
\_\_\_\_\_

### PARENT/GUARDIAN AND EMERGENCY INFORMATION

Name of FATHER/GUARDIAN: \_\_\_\_\_ Name of MOTHER/GUARDIAN: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of STEP-PARENT: \_\_\_\_\_ Name of STEP-PARENT: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

List people (other than above parents) the school may contact in case of illness/and emergency.  
They will also be allowed to pick up/transport your student.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### OTHER SCHOOL AGE CHILDREN IN THE FAMILY

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Note: Please turn form over and complete the requested information

### RACE/ETHNICITY (Both Part A and Part B)

Part A: Is this student Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Part B: What is the student's race? (Please indicate primary race with "P"; secondary race with "S")

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Is the student's native language English?  Yes  No If no, what is the language? \_\_\_\_\_

### MEDICAL INFORMATION

List any health conditions or allergies: \_\_\_\_\_

What medicine is the student currently taking? \_\_\_\_\_

Preferred Hospital/Medical Facility: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

If the student requires medication to be administered, please complete an "Administering Medicines to Student" form in the office.

### LIVING ARRANGEMENT

Single Family Home

Doubled Up (sharing with another family)

Shelter

Motel/Hotel

Transitional Housing

Temporary Foster Care/awaiting Foster Care Placement

Is the student an unaccompanied youth? (resides without a parent/guardian) Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATIONAL INFORMATION

Previous School District: \_\_\_\_\_

Has the student ever been expelled or in the process of being expelled? \_\_\_\_\_

Does the student currently receive any kind of Special Education services and /or Speech Services (i.e. Speech, Physical or Occupational Therapy)? \_\_\_\_\_

If yes, please sign a temporary placement form that is available from the office secretary.

I, the undersigned, do hereby authorize officials of Delton Kellogg to contact directly the persons named on this card, or emergency contacts given and do authorize treatment as may be deemed necessary in an emergency, for the health of the above student. Delton Kellogg Schools has my permission to act promptly and decisively in obtaining medical assistance for my son/daughter.

I do not consent for emergency medical treatment of my child until contact is made with parent/guardian or emergency contacts.

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

# Delton Kellogg Schools Transportation Request Form



Dear Parent (s) and Guardian(s) of Delton Kellogg Students,

To insure that all of our students are being safely transported, it is asked that you complete a transportation request form so that we may meet the daily pick-up and drop-off needs of your student(s). Once the pick-up and drop-off points have been determined, exceptions will be made only if a note from the parent/guardian(s) is sent to the school to be given to the Transportation Office, and is approved by the Transportation Supervisor on that particular day. Thank you for all of your help to make sure that our students have a safe and pleasant ride on the bus.

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Please circle all that apply to your student:

Bus picks up at home All Mon. Tues. Wed. Thurs. Fri.	Bus picks up other than home All Mon. Tues. Wed. Thurs. Fri.
Bus drops off at home All Mon. Tues. Wed. Thurs. Fri.	Bus drops off other than home All Mon. Tues. Wed. Thurs. Fri.
Student goes to Panther Club House a.m. All Mon. Tues. Wed. Thurs. Fri.	Parents take student to school  Parents pick up student from school  Student walks to school  Student walks home from school
Student goes to Panther Club House p.m. All Mon. Tues. Wed. Thurs. Fri.	

If your student will be picked up or dropped off at an alternative address please complete the information below:

Alternative Pick-Up Address: \_\_\_\_\_ Responsible Person: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternative Drop -Off Address: \_\_\_\_\_ Responsible Person: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**For all your students transportation changes you must submit a new transportation request form, which could take up to 3 days to take effect.** All forms must be submitted to the appropriate school, if you have any questions or concerns please contact the Transportation Supervisor at 269.623.1515.

Thank you,  
Wayne Neitzke



Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

DELTON-KELLOGG SCHOOLS  
STUDENT TECHNOLOGY ACCEPTABLE USAGE POLICY and  
Agreement for Acceptable Use of DKS Technology Resources  
Students Grades K – 12

\_\_\_\_\_ / \_\_\_\_\_  
Building/Program Name

\_\_\_\_\_ / \_\_\_\_\_  
Student Name (last Name, First Name)

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between

\_\_\_\_\_ ("Student" or "User") and the Delton-Kellogg Schools District ("DKS"). The purpose of this agreement is to grant access to and define acceptable use of DKS's Technology Resources for legitimate educational purposes consistent with DKS's mission statement. "Technology Resources" include, but are not limited to: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems. These resources may be provided to users to: (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology, and (3) enhance information gathering and communication skills.

In exchange for the use of DKS's Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of the DKS's Technology Resources is a privilege that may be revoked by the DKS at any time and for any reason.
- B. The DKS reserves all rights to any material stored on DKS Technology Resources. You have no expectation of privacy when using DKS Technology Resources. DKS reserves the right to monitor all use of its Technology Resources, including, without limitation, personal email and voice mail communications, computer files, data bases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through the Technology Resources. DKS also reserves the right to remove any material from the Technology Resources that the DKS, at its sole discretion, chooses to, including, without limitation, any information that DKS determines to be unlawful, obscene, pornographic, harassing, intimidating, or disruptive.
- C. The Technology Resources do not provide you a "public forum." You may not use the Technology Resources for commercial purposes or to lobby or solicit political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class program or activity. You may, however, use the Technology Resources to contact or communicate with public officials.
- D. The DKS's Technology Resources are intended for exclusive use by registered users. You are responsible for your account/password and any access to the Technology Resources made using your account/password. Any problems arising from the use of your account/password are your responsibility. Use of your account by someone other than you is forbidden and may be grounds for loss of access privileges and other disciplinary consequences for both you and the person(s) using your account/password.
- E. You may not use the Technology Resources or any other communication/messaging devices (including devices not owned by DKS) to engage in cyberbullying. Cyberbullying means "the use of email, cell phone and pager text messages, instant messaging (IM), defamatory personal websites, and defamatory online personal polling websites to support deliberate, repeated and hostile behavior by an individual or group that is intended to harm others." [Definition written by Bill Belsy, available at <http://www.cyberbullying.ca>]
- F. Misuse of Technology Resources may result in suspension of your account privileges and/or other disciplinary action, up to and including expulsion, as determined by the DKS. Misuse includes, but is not limited to:
  1. Accessing or attempting to access educationally inappropriate materials/sites including, without limitation, material that is "harmful to minors," unlawful, obscene, pornographic, profane, or vulgar. Material that is "harmful to minors" includes "any picture, image, graphic image file, or other visual depiction that (1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excrement; (2) depicts, describes, or represents, in a potentially offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and (3) taken as a whole lacks serious literary, artistic, political, or scientific value as to minors." 47 USC §§ 254(h)(7). The determination of a material's "appropriateness" is based on both the material's content and intended use.
  2. Cyberbullying (as defined in paragraph E) or any other use of the Technology Resources that would violate DKS's anti-bullying rules or policies. Cyberbullying may, without limitation, include posting slurs or rumors or other disparaging remarks about another person on a website; sending email or instant messages that are meant to threaten, harass, intimidate, or drive up a victim's cell phone bill; taking or sending embarrassing or sexually explicit photographs, video, or other visual depictions of another person; or posting misleading or fake photographs of others on websites.
  3. Sexting, which includes, without limitation, possessing, sending, or distributing nude, sexually explicit, or sexually suggestive photographs, videos, or other visual depictions of yourself or another person over the DKS's Technology Resources or by any other means, including over personally owned devices.
  4. Posting personally identifiable information about yourself or others over the internet even if the information is solicited by a website that requests such information.
  5. Vandalism, which includes, without limitation, any malicious or intentional attempt to harm, steal, destroy, or disrupt user data, school materials, or school hardware; violating the integrity of DKS's Technology Resources; uploading or creating viruses; downloading/installing unapproved, illegal, or unlicensed software; or seeking to circumvent or bypass security measures.
  6. Hacking, which includes, without limitation, gaining or attempting to gain access to, modifying, or obtaining copies of, unauthorized information or information belonging to other users.
  7. Unauthorized copying or use of licenses or copyrighted software.
  8. Plagiarizing, which includes the unauthorized distributing, copying, using, or holding out as your own, copyrighted material (most of the internet is copyrighted), or material written by someone else, without permission of, and attribution to, the author.
  9. Misrepresenting others, including, without limitation, posting confidential or inappropriate information (text, video, photo) meant to harass, intimidate, or embarrass other students or staff on any social media network or website.

10. Allowing anyone else to use an account or not locking access to computer devices when leaving them unattended.
  11. Using or soliciting the use of, or attempting to use or discover the account information or password of, another user.
  12. Attempting to or successfully disabling security features, including technology protection measures required under the Children's Internet Protection Act (CIPA).
  13. Misusing equipment or altering system software without permission.
  14. Commercial for-profit activities, advertising, political lobbying, or sending mass mailings or spam. However, you may contact a public official to express an opinion on a topic of interest.
  15. Using the Technology Resources in any way that violates DKS's student code of conduct, or any federal, state, or local law or rule.
- G. It is the policy of DKS, as a recipient of certain federal funds, to monitor the online activities of its minor students and provide technology protection measures on its computers with Internet access designed to prevent minors from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors. DKS staff must regularly monitor to ensure that technology blocks are working appropriately. The technology blocks may be disabled by an authorized person, *during adult use*, to enable access to bona fide research or for other lawful purposes.
- H. It is the policy of DKS to prohibit its minor students from (1) accessing inappropriate matter on the Internet; (2) engaging in hacking or other unlawful online activities; (3) disclosing, using, or disseminating personal information online; or (4) accessing materials that are harmful to minors. It is also the policy of DKS to educate students about cyberbullying awareness and response and about appropriate online behavior, including safely interacting with other individuals in social networking websites, chat rooms, and by email.
- I. DKS does not guarantee that measures described in paragraphs G and H will provide any level of safety or security or that they will block all inappropriate material from DKS's minor students. You agree that you will not intentionally engage in any behavior that was designed to be prevented by paragraphs G and H.
- J. The DKS does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error free or uninterrupted; nor will DKS or its Internet provider be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.
- K. When utilizing the DKS Technology Resources, you may use only DKS authorized messaging and communication systems. There is no expectation of privacy in electronic communications. The DKS reserves the right to monitor electronic communications.
- L. As soon as possible, you must disclose to your teacher or other school employee any message you receive that is inappropriate or makes you feel uncomfortable, harassed, threatened, or bullied, especially any communication that contains sexually explicit content. You should not delete such content until instructed to do so by a staff member.
- M. The DKS and/or the Internet provider will periodically determine whether specific uses of the DKS's Technology Resources are consistent with this acceptable-use policy. The DKS or its Internet provider reserves the right to log Internet use and to monitor mail space and file server utilization by users. The DKS reserves the right to remove a user account on the DKS's Technology Resources to prevent further unauthorized activity.
- N. You may not transfer intellectual property or software belonging to DKS without the permission of the DKS Director of Organizational Technology Services or his/her designee. Without first obtaining such permission, you will be liable for any damages and will be required to pay the cost of any damages caused by such transfer, whether intentional or accidental.
- O. You are responsible for the proper use of Technology Resources and will be held accountable for any damage to or replacement of the Resources caused by your inappropriate use.

In consideration for the privileges of using the DKS's Technology Resources and in consideration for having access to the information contained therein, I release the DKS, its Board of Education, individual Board members, administrative employees and agents, the Internet provider and its operators from any and all claims of any nature arising from my use, or inability to use, the Technology Resources. I agree to abide by this Acceptable Use Policy and Agreement and by any rules or regulations that may be added from time-to-time by the DKS and its Internet provider as well as DKS's Internet Safety Policy and its Student Code of Conduct. All additional rules, regulations, and policies are available in hardcopy in the Principal's office.

I have read this Acceptable Use Policy and Agreement and sign it knowingly and freely.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Delton Kellogg Schools**  
**DKMS Parent Consent/Permission Form**

These consents will be in effect while your child is enrolled at Delton Kellogg Middle School - consecutive years. Specific information will be given for any field trip, transportation or media event whenever possible. Please circle yes or no, print and sign your name at the bottom.

Please indicate your consent to the following:

- |                                    |                           |                          |
|------------------------------------|---------------------------|--------------------------|
| Parental Consent Photo             | <input type="radio"/> Yes | <input type="radio"/> No |
| Parental Consent Video             | <input type="radio"/> Yes | <input type="radio"/> No |
| Acceptable Use Policy (Technology) | <input type="radio"/> Yes | <input type="radio"/> No |
| Parental Consent Interview         | <input type="radio"/> Yes | <input type="radio"/> No |
| Parental Consent First Aid         | <input type="radio"/> Yes | <input type="radio"/> No |
| Reproductive Health                | <input type="radio"/> Yes | <input type="radio"/> No |
| Parental Consent Emergency         | <input type="radio"/> Yes | <input type="radio"/> No |

For school emergency, in case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school personnel to call the physician indicated on my child's enrollment information and to follow his/her instructions. If it is impossible to contact the physician, the school personnel may make whatever arrangements deemed necessary and I will accept financial responsibility:

- |                                 |                           |                          |
|---------------------------------|---------------------------|--------------------------|
| Parental Consent for PG Movies  | <input type="radio"/> Yes | <input type="radio"/> No |
| Parental Consent Transportation | <input type="radio"/> Yes | <input type="radio"/> No |
| Parental Consent Field Trip     | <input type="radio"/> Yes | <input type="radio"/> No |

Child/Student Legal Printed Name: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_

Parent or Guardian Names \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Dentist Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. No. \_\_\_\_\_

**Important Medical Information**

Allergies \_\_\_\_\_

Current Medications or Treatments \_\_\_\_\_

Previous Operations or Hospital Confinements \_\_\_\_\_

Other: \_\_\_\_\_

DELTON KELLOGG SCHOOLS  
STUDENT RECORD RELEASE FORM

ELEMENTARY SCHOOL  
327 NORTH GROVE ST.  
DELTON, MI 49046  
269-623-1532  
FAX 269-623-1538

MIDDLE SCHOOL  
6525 DELTON RD.  
DELTON, MI 49046  
269-623-1542  
FAX 269-623-1548

HIGH SCHOOL  
10425 PANTHER PRIDE DR.  
DELTON, MI 49046  
269-623-1521  
FAX 269-623-1150

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PREVIOUS SCHOOL INFORMATION

DATE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL PHONE AND FAX NUMBER: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

I(WE) \_\_\_\_\_ do hereby authorize you to release  
the records of the above named student to the following school:

Check one:

DKES \_\_\_\_\_ DKMS \_\_\_\_\_ DKHS \_\_\_\_\_

This authorization is subject to the following limitations:

\_\_\_\_\_

\_\_\_\_\_ Initial here if above named student receives Special Education Services (Ex, Speech, LD,  
Social work Services etc) and parent/guardian allows release of IEP, Current MET and Psych report.

**Previous School – Please fax these 3 items ASAP**

\_\_\_\_\_

\_\_\_\_\_ Signature of Parent(s), Legal Guardians

\_\_\_\_\_ Address

\_\_\_\_\_

\_\_\_\_\_ Phone

\_\_\_\_\_





michigan high school athletic association

John E. Roberts, Executive Director

1661 Ramblewood Drive • East Lansing, MI 48823-7392 • 517-332-5046 • Fax 517-332-4071 • Web [mhsaa.com](http://mhsaa.com)

TO: Principals and Athletic Directors of MHSAA Member Junior High/Middle and Senior High Schools  
FROM: John E. Roberts, Executive Director  
DATE: April 22, 2013 (Updated Sept. 10, 2013)  
SUBJECT: Action Under Public Acts 342 and 343 (Concussion Law)

The above laws become effective June 30, 2013, and require all levels of schools and youth sports organizations to educate, train and collect forms for non-MHSAA activities including physical education classes, intramural and out-of-season camps or clinics. You may wish to share this information with others in your school district and youth sports groups in your community.

It should be understood that for MHSAA sports, the existing rules meeting completion requirement and concussion removal and return-to-play protocols, first begun in 2010, remain in effect. This includes that each school shall designate the person who shall evaluate suspected concussions. If a student is withheld from competition due to a suspected concussion, he or she may not return at all on that day and only on a subsequent day with the written clearance of an MD or DO. This is more stringent than the new law and must be followed for MHSAA competition and practices. Not adhering to this protocol results in ineligibility of the student and forfeiture of contests.

Compliance with other respects of the new concussion law is accomplished through a website of the Michigan Department of Community Health (MDCH) [michigan.gov/sportsconcussion](http://michigan.gov/sportsconcussion).

Below is a brief summary of what the new law is requiring youth sports organizations and schools to do for non-MHSAA sport activities such as physical education, intramurals and out-of-season or summer camps and clinics:

1. Adults (coaches and teachers) must complete a free online training course. There are two options on the MDCH website, one through the Centers for Disease Control (CDC.gov) and one through the National Federation of State High School Associations (NFHS.org). These courses are the only options to fulfill the adult training requirement unless attorneys for a school or organizing entity attest that their content has met the criteria of the law and accept liability. Schools should collect and file the certificate of completion for each adult. A school may hold a group meeting, show an approved online course, record and vouch for completion of the tests at the end of the course and then collect individual documentation that the course was completed.
2. Sponsoring organizations must provide educational training materials to students and parents and collect and maintain their signed statement of receipt of that information for the duration of the student's involvement with the organization, or age 18. The MDCH website's educational material is found under "Information for Parents & Athletes." The content of this material may not be altered, but it may be reformatted.

The website also links to an "Acknowledgement Form" (under Popular Documents and Links). This form can be used as the signed statement, or the sponsoring organization may create its own form provided the content is similar. Some schools are including concussion information and signed statements with school registration and handbook materials, at first for all students and in subsequent years for new students.

3. Sponsoring organizations must follow the same concussion protocols for non-MHSAA events as is currently done for MHSAA sports when a student is suspected of a concussion. Sit them out, find out and do not allow them to return to practice or competition until cleared in writing. The new law requires sponsoring organizations to maintain a copy of any written clearance until the student is 18 years of age.

This is not intended to be legal advice. Schools should review the website and contact their own attorneys if they so choose. This is a summary to assist schools this spring so they are in compliance for activities beginning this summer and moving into the 2013-14 school year and beyond.

## Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

### UNDERSTANDING CONCUSSION

#### Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

#### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

#### IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

#### SIGNS OBSERVED BY PARENTS:

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

#### CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

#### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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

**Parents and Students Must Sign and Return the Educational Material Acknowledgement Form**

**CONCUSSION AWARENESS**  
**EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM**

By my name and signature below, I acknowledge in accordance with the Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for the Parents provided by the Delton Kellogg Area School System.

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to Delton Kellogg Elementary School –this must be kept on file for the duration of the participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.