

**D.C. Public Schools Department of Athletics  
District of Columbia Interscholastic Athletic Association**

**CONSENT FOR ATHLETIC PARTICIPATION**

\_\_\_\_\_  
Student's Name (Last, First, Middle Initial)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age on August 1st

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Grade

2022-23

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Parent/Guardian's Primary Phone

\_\_\_\_\_  
Parent/Guardian's Email Address

**STUDENT PARTICIPATION PERMISSION**

**Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but is impossible to totally eliminate such occurrences from athletics.**

I hereby give my consent for the above-named student to represent his/her school in **ALL SPORT** programs offered (**pre-season, in-season, and post-season**), including team travel for local or out-of-town trips.

EXCEPT: \_\_\_\_\_

( ) I am/my child is covered by Medical Insurance

( ) I am not/my child is not covered by Medical Insurance

STATEMENT: Prior to participation in interscholastic programs and/or trips, all students (18 years of age or older) and the parents/guardians of minor student-athletes who seek to participate in such programs and/or trips, are required to sign this form and are deemed to have waived all claims against the DC Public Schools, its employees, and the District of Columbia for any injury, accident, or illness occurring during or by reason of participation in an interscholastic athletic program and/or trip. I accept the responsibility to inform the school of any future change of this information. Students participating in athletic competitions may be photographed during the competition.

I, the parent or guardian of the minor applicant, hereby agree that DC Public Schools or its representative, may video tape, photograph, and voice record the herein named minor applicant for media, marketing, or promotional purposes related to his/her participation in the DC Public Schools' Athletic Program. This may include posting online, photo displays and other promotional opportunities.

**I have read this form and understand the rules contained herein, and the information supplied is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian (or Student Aged 18+)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student



**Athlete Data and Emergency Treatment Information**

Name (Last, First, MI) \_\_\_\_\_ DCPS Student ID# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ School Year 2022-23

**Emergency Contact – Please provide at least 2 contacts (\*Parent/Guardian should be listed first as Primary Contact)**

Name	Relationship	Home	Work	Mobile
	Parent / Guardian			

Parent/Guardian Email: \_\_\_\_\_

**Insurance & Billing**

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Effective Date \_\_\_\_\_

**Do you have any of the following conditions** (check all that apply)?

- Anemia  Asthma \_\_\_\_\_ (Inhaler Type)  Sickle Cell / Sickle Cell Trait  Diabetes
- Epilepsy  High Blood Pressure  Previous Concussion/Head Injury; if yes, date? \_\_\_\_\_
- Allergies (Epi-Pen Used  Yes  No) Other \_\_\_\_\_

Do you wear contacts or glasses?  Contacts  Glasses When was your last tetanus booster? Month/Year \_\_\_\_\_

List all medications currently used including prescribed, over the counter and rescue inhalers:

\_\_\_\_\_

**Should it become necessary for this student to require medical treatment while participating in an interscholastic athletic event, trip, or practice session, I hereby authorize the District of Columbia Public School's health care providers (athletic trainers, team/game physicians and emergency medical technicians (EMT's)) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if DCPS personnel are unable to reach those designated above, I give my consent to the DCPS athletic health care providers to take my child to a hospital, emergency care center or available physician.**

Signature \_\_\_\_\_  
(Parent/Guardian or Student Aged 18+)

Date \_\_\_\_\_

**For Office Use Only:**  
Date of DC Universal Health Certificate (Physical) \_\_\_\_\_ AT/SC Stamp: \_\_\_\_\_

## Parent & Athlete Concussion Information Sheet

### 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 bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

### What are the Signs and Symptoms of 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 an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a healthcare professional experienced in evaluating for concussion.

### Did You Know?

- Most concussions occur without loss of consciousness
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

### Symptoms Reported by Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

### Signs Observed by Coaching Staff:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can’t recall events after hit or fall

### 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. An athlete 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 or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## What Should You Do If You Think Your Athlete Has a Concussion?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes 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.

## Why Should an Athlete Report Their Symptoms?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare case, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. This can even be fatal.

### Learn More

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

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*I, the athlete, understand that I have the responsibility to report my symptoms to my coaches, administrators, and/or health care providers. I also understand that I must have no symptoms before return to play can occur.*

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Printed Name of Student

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Signature of Student

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Date

*I have read the above DCIAA Sports Medicine Concussion Information Sheet and understand that I have a responsibility to report my child's symptoms to coaches, administrators, and health care providers. I also understand that my child must have no symptoms before return to play can occur.*

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

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Date



District of Columbia Public Schools Athletics uses concussion management software called "SWAY". Sway combines objective balance measures using accelerometers and sensors that are already built into your mobile device as well as cognitive measures to support healthcare professionals in performing accurate and informed evaluations using one's own mobile device

**Balance:** Sway measures stability using built-in motion sensors of any mobile device or tablet to quantify postural sway. While the device is pressed against the chest, a motion analysis algorithm calculates stability that allows healthcare professionals to administer a medical grade balance test in virtually any setting.

**Cognitive:** In addition to balance, Sway collects key measurements in concussion management such as:

- Memory
- Reaction Time
- Impulse Control
- Inspection Time

**Baseline Testing:**

- A baseline measurement will need to be taken annually at the beginning of the sport season and/or after recovering from a known concussion.

**Why use a concussion management software?**

1. It protects your safety – even from yourself. Sometimes athletes are surprised at how poorly they perform on this test after they have assumed they're fine. Balance and cognitive testing allow us to see the invisible symptoms that can occur during a concussion.
2. Tracking – we can see how quickly you are recovering so you can return to play at the earliest safest time. We can also track if things aren't going so well and identify ways in which we can assist your recovery.
3. Hard objective data – when in doubt, objective data can serve as another data point in identifying impairments and aid in the diagnosis of concussion or post-concussion symptoms.

**What happens when a head injury is suspected?**

According to D.C. Law all athletes who are witnessed hitting their head and exhibit signs or symptoms of vestibular disturbance, cognitive impairment, head pain, or other systemic effect (like nausea or visual impairment) should be examined by a medical professional and assessed for a sports related concussion. More information about concussions can be found at the CDC Heads Up to School Sports Parent Information Page (<https://www.cdc.gov/headsup/highschoolsports/parents.html>).

Should you have any questions or concerns regarding our concussion management protocols, please reach out to DCIAA Lead Athletic Trainer, Dr. Jamila L. Watson, DAT, LAT, ATC, or your student's school's athletic trainer.

For more information regarding the Sway software, please visit: <https://swaymedical.com>.




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**CONSENT FORM**

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- My child has sustained a previous concussion? \_\_\_Yes \_\_\_No
- Total number of concussions sustained \_\_\_\_\_
- Dates of concussions sustained \_\_\_\_\_
- Has your child been previously SWAY concussion tested? \_\_\_Yes \_\_\_No      If yes, when \_\_\_\_\_

**I have read the above information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the SWAY Concussion Management Program.**

\_\_\_\_\_  
Printed Name of Student-Athlete

\_\_\_\_\_  
Primary Sport of Interest

\_\_\_\_\_  
Signature of Student-Athlete      Date

\_\_\_\_\_  
Signature of Parent      Date



## DCIAA Athletic Director Review of Student Participation Paperwork

I, the undersigned Athletic Director, verify that this student is on track to become eligible upon the approval of all paperwork in this packet. I further acknowledge that I have reviewed all information submitted by the parent, guardian, or student and found the forms to be properly completed.

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Printed Name of Athletic Director

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School

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Signature of Athletic Director

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Date