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 CONCUSSION?

Signs and symptoms of concussion 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 health care 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

"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"



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 cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION L www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



Campus Guide

Academic/Administrative Facilities 🏾 # 16. Jarvis Hall - Science Wing

- 18. Administration 78. Adventure Challenge Course
- 87. Alumni Field
- 19. Applied Arts
- 3. Bowman Hall
- 86 Burton F Nelson Field
- 8. Child and Family Study Center
- 46. Communication Technologies
- 85. Don and Nona Williams Stadium
- 2. Fryklund Hall
- 89. General Services
- 1. Harvey Hall
- 36. Heating Plant
- 10. Heritage Hall
- 15. Jarvis Hall Science Wing Addition

Residence Halls (#)

- 67. Antrim-Froggatt-McCalmont Halls
- 69. Curran-Kranzusch-Tustison-Oetting Halls 72. North Hall
- 66. Fleming Hall
- 68. Hansen-Keith-Milnes-Chinnock Halls
- 65. Hovlid Hall

Accessibility Symbols and Public Safety

— Slope/Ramp --- Steep Incline Accessible Entrances Electric Doors

Curbcuts

Sidewalks/Bike Route Sidewalks Well-lit sidewalks

16A. Jarvis Hall - Technology Wing

62. Louis Smith Tainter House

45. Memorial Student Center

47. Merle M. Price Commons

48. Student Health Center

61. Jeter-Tainter-Callahan Halls

91. University Services 7. Vocational Rehabilitation

63. Red Cedar Hall

73. South Hall

64. Wigen Hall

Human Services

17. Micheels Hall

67. McCalmont Hall-Education and

11. Millennium Hall - Admissions Office

65A. North Point Dining and Fitness Center

12. Robert S. Swanson Library and Learning Center

5. Johnson Fieldhouse/Sports and Fitness Center

- One-way streets Disabled Parking

Parking Lots

Disabled Parking

Moped Parking

University Police officers are on duty 24 hours each day.

Parking

During hours of enforcement, all non-metered campus parking requires display of a permit. Permits are available from Parking Services in the University Services Building (91), 817 S. Broadway. Additional parking instructions are available at www.uwstout.edu/parking/



North Campus Housing Main Campus Housing Commuter Parking

Parking Regulation

Commuter Lots and Meters Permit regulated: 7 a.m. - 4 p.m.; M-F Meters regulated: 7 a.m. - 5 p.m.; M-F Parking prohibited 2 a.m. - 7 a.m. daily.

Housing Parking Lots

Motorcycle Parking

Regulated 24 hours every day; between 9 p.m. Sunday and 1 p.m. Friday.

Disabled Spaces, Restricted Areas, Service Areas and Short Term Spaces: Regulated 24 hours every day.

Visitors should obtain a permit from their host prior to their visit and park in the lot(s) designated for that permit. Visitors without permits must park in a paid meter.

Getting to UW-Stout





UW-Stout is easily accessible from the east or west on Highways 12 and 29 and from the north or south on Highway 25. Menomonie is located about 60 miles east of Minneapolis - St. Paul and about 260 miles northwest of Milwaukee on Interstate 94 (exit Highway 25 south).

For directions to UW-Stout arts, athletics and conference venues go online to www.uwstout.edu/places.shtml. View our online campus tour at www.uwstout.edu/tour/.

University of Wisconsin – Stout University Recreation-Stout Adventures Climbing & Challenge Course Agreement, Acknowledgment of Risk and Release

____ (print name), age______, desire to participate voluntarily in recreational activities sponsored by Stout

Adventures.

I UNDERSTAND THAT I AM BEING ASKED TO READ THE FOLLOWING DOCUMENT CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT UW-STOUT SAFETY & RISK MANAGEMENT SERVICES, AT 715-232-2258 OR 715-232-1793.

In consideration of the services of the University of Wisconsin-Stout, Stout Adventures program, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "UWSA") I hereby agree to release and discharge UWSA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

Assumption of Risks

I understand there are inherent, know and unanticipated risks that cannot be eliminated from the sport of rock climbing and challenge course activities without jeopardizing the essential qualities of the activity. I have full knowledge of the nature and extent of these risks including but not limited to:

- 1. Injuries resulting from falling and crashing into the climbing wall, climbing tower, floor/ground, crash pads, giant swing, low course elements or other obstacles.
- 2. Injuries resulting from rope abrasion, entanglement, loose and/or damaged artificial holds and other injuries that may result from activities or other persons, including but not limited to climbing, lead climbing, rappelling, belaying, lowering on a rope, rescue or emergency activities, as well as injuries, abrasions, and cuts resulting from contact with equipment and components of the challenge course and indoor climbing wall facilities.
- 3. Failure of the ropes, harnesses, wall hardware, anchor points, or any other part of the climbing structure and related equipment.
- 4. Injuries from falling participants or equipment.
- 5. Injuries resulting from the negligence of other course participants, belayers, spotters, spectators or users of the facilities.
- 6. Injuries resulting from personal physical and mental limits including but not limited to fatigue, chill and or dizziness, which may diminish reaction time and increase risks of accident, personal strength, coordination, sense of balance, and the ability to follow or give directions while on the course, climbing, belaying, lifting, spotting, or being a spectator.

UWSA employees have difficult jobs to perform. They seek safety, but are not infallible. They might be ignorant of a participant's fitness or abilities. Belayers may give inadequate warnings or instructions, and the equipment being used might malfunction.

I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN UWSA PROGRAMMING. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWLEDGABLY ASSUME ALL SUCH RISKS.

Hold Harmless Indemnify & Release

I expressly agree and promise to accept and assume all of the risks existing in the participation of recreational or sport activities within the Sports & Fitness Center building & grounds, Indoor Climbing Wall, Challenge Course and all other facilities and locations.

I certify that I am fully capable of participating in this activity. I certify that I have no known medical or physical conditions which could interfere with my safety while participating in recreational or sport activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

I accept the risk and responsibility for the condition and proper use of any personally owned safety equipment. I fully understand that no inspections or representations are made as to the adequacy of personal equipment by anyone other than participants themselves and assume the risk that this entails.

In consideration of permission for me to voluntarily participate in Stout Adventures activity today and on all future dates, I, for myself, my heirs, my children, my parents, assigns, personal representative and estate agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Stout, and their officers,, employees, agents and volunteers, from and against all claims, demands, expense (including costs and attorney's fees), actions or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in Stout Adventures' programs. This release includes claims based on negligence of the Board of Regents of the University of Wisconsin-Stout, and their officers,, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I UNDERSTAND THAT BY AGREEING TO THE ABOVE STATEMENTS I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS INCLUDING THE RIGHT TO SUE.

Consent for Emergency Treatment

I authorize UWSA and its designated representatives the authority to act in any attempt to safeguard and preserve my health and safety during my participation. I consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY HOSPITALIZATION OR TREATMENT RENDERED PURSUANT TO THIS AUTHORIZATION. I DO NOT PRESUME THAT ANY INSURANCE, WHETHER FOR ACCIDENT, LIFE, MEDICAL, OR PROPERTY LOSS HAS BEEN SECURED FOR MY BENEFIT. I UNDERSTAND THAT UWSA HAS ADVISED ME TO SEEK THE ADVICE OF MY PHYSICIAN BEFORE PARTICIPATING IN THIS ACTIVITY.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in sport or recreational activity, I may be found by a court of law to have walved my right to maintain a lawsuit against UWSA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant:	Date:
Check one: 18 years of age or older Under 18 years of age (Parent/Guardian consent required)	
Print Name: _	_
PARENTS OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18) In a (print minor's name)("Minor") being permitted by UWSA to pa equipment and facilities. I agree to indemnify and hold harmless UWSA from any and all claims which are brought by, or other the second sec	rticipate in its activities and to use its
way connected with such use or participation by Minor.	
Signature of Parent or Guardian:	Date:
Print Name: _	_11

University of Wisconsin – Stout University Recreation-Stout Adventures Medical Questionnaire

Organization/Event Name: _

PLEASE READ: This form is intended to remind participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other conditions which may be aggravated by the event.

Questions	<u>Respo</u>	<u>Response</u>	
1. Any pre-existing injuries (ankles, knees, back) that may be aggravated by the event? If Yes, please explain:	Yes	Νο	
n res, please explain			
2. Are you currently taking any prescription or non-prescription medication? If yes, what are they and what are they for?	Yes	Νο	
3. Do you have any heart conditions?	Yes	Νο	
4. Any pressure or coercion from employer or others to participate?	Yes	No	
5. Do you have high blood pressure?	Yes	No	
6. Do you have any allergies (food, bees, insects, or medicines)? If Yes, please explain:	Yes	Νο	
7. Do you foresee any problems participating in the upcoming Adventure Challenge Course activity due to a lack of physical exercise?	Yes	Νο	
8. Do you have Asthma?	Yes	No	
9. Do you have a disability? If yes, please indicate the functional implications and any concerns about particip	Yes Dation related to t	No the disability.	
Emergency Contact In case of emergency, contact:			
Relation:	Phon	e:	
Note to Staff: If "Yes" is circled, please discuss with the participant. If, in your judgn engage in the activities due to health or safety risks, then ask them to observe only.		your training, a participant should not	
Participant – Please read and sign I have honestly disclosed to the staff any medical, psychological or personal reasons			

I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during these events. I will remember that a "Challenge by Choice" atmosphere exists at all times and I should not feel pressured to participate. I agree to stop participating immediately if I experience any pain, faintness, dizziness, or shortness of breath. In addition, I grant permission to use my Image in print or online materials designed for news, informational or educational purposes related to the University of Wisconsin-Stout.

Signature of Participant:	Date:
Print Name: _	
If Applicable (Must be completed for participants under the age of 18):	
Signature of Parent or Guardian:	Date:
Print Name: _	_



University of Wisconsin-Stout University Conference Coordinator - Memorial Student Center (715) 232-2232 Fax: (715) 232-1432 Athletic/Sports Camps: Athletic Treatment Ctr. - Sports & Fitness Ctr. (715) 232-2213 Fax: (715) 232-1634

Health History Questionnaire for Summer Camps/Programs Completion of both sides of form is REQUIRED prior to participation (HFS 175)

CAMP EVENT:	CAMP DATES:		
Participant:	First	МІ	
		nale 🗅 Male 🗅 Intersex, Transgender or other (please specify)	
Home Address:		(please specify)	
City:	State	e: Zip:	
Parent/Guardian:			
Home Telephone: ()	Work Telephone: ()	Cellular Telephone: ()	
Name of Policy Holder/Relationship:		Policy #:	
Alternative contact in the event that the involving the participant named above.	Parent/Guardian cannot be contacted in t	he case of an emergency (injury/illness)	
Name:	Relationship:	Telephone:	
Yes No Allergies Allergies Seasonal Allergies Asthma Asthma Neck/Back Pain/Injury Rheumatic Fever Tuberculosis Ulcer Please explain all ✓	Colitis Diabetes regular basis? Yes No If yes, ident must be signed on reverse side) ns to: Yes No I I	Yes No Menstrual Difficulties Mental/Emotional Problems Hernia High Blood Pressure Joint Injury/Surgery Kidney Disease	
Date of tetanus (Td/Tdap) booster (Pre	M D Y	·	
Has participant ever had major surgery	or been hospitalized?	xplain:	
Please explain any significant operation	s, accidents or illnesses, and last medical	attention and reason:	
Does the participant have any physical	condition(s) requiring special consideration	ns or Limitations? Explain.	

Medical Treatment and Medication Administration Consent Form

Completion of both sides of form is REQUIRED prior to participation (HFS 175)

If your child/ward will be under the age of 18 years while at the University of Wisconsin-Stout, it is policy to secure your consent for medical treatment and medication distribution, whether medication/treatment is self-administered or administered by designated camp staff, with the exception that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexadrine, etc.) must be by law administered by camp health staff.

All medications must be in original container and labeled with the camper's name, doctor's name and phone number, medication name, date prescribed and instructions.

- **No** medication brought to camp.
- **Yes,** prescription medication(s) and/or medical device(s) are brought to camp. Complete medication box below.
 - **Yes**, non-prescription/over the counter medications are being brought to camp.
- I will self-administer the medication(s) and/or medical device(s). This is allowed if 14 years old or older.
- Designated camp staff, i.e. nurse, athletic trainer, camp counselor, will administer the medication(s) and/or medical device(s). *Mandatory for age 13 and under.*

** However, a limited amount of medication for life threatening conditions may be carried by my child/ward, i.e. allergy medications, bee sting kits, inhalers, insulin.

Name of Medication and prescribing MD	Dosage	How is it taken, i. e. oral, injection	Reason	Time(s) of day medication is taken	Day(s)/Number of days Medication is to be taken

Special Instructions: ____

By signing below, you are:

- Attesting that all information on this form is correct.
- · Acknowledging that you have received the notice of privacy practices statement. (www.uwstout.edu/studenthealth)
- Giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury. Give permission
 for UW-Stout to obtain medical records & medical information from and disclose such information to any medical facility my child/ward
 would be taken to. Information disclosed may be verbal or written form and relate to the injury and/or illness that the camp participant
 is currently being treated for. Understand that the following conditions apply: I have the right to revoke this authorization by providing
 a written notice of revocation to UW-Stout Health Services. The revocation will not apply to the information that has already been
 disclosed prior to the receipt of this written revocation. The medical facility will not condition treatment on whether this authorization
 is signed, although UW-Stout reserves the right to deny a student's participation in camp if this authorization is not signed. Once information is disclosed it may be subject to redisclosure and may no longer be protected by federal privacy rules. This authorization automatically expires at the end of the UW-Stout camp/program that child/ward is participating in.
- · Stating that you are aware of and accept the risk inherent in the program activity.
- Agreeing to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University
 of Wisconsin-Stout, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are
 sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/program.

Signature:		Date:	
c _	Parent/Guardian		

UW-Stout Photo Consent

I understand that the university may take photographs of camp participants and activities. I agree that the University of Wisconsin-Stout shall be the owner of and may use such photographs relating to the promotion of future camps and in any University Publication. I relinquish all rights that I may claim in relation to the use of said photographs.

Signature: ___

Parent/Guardian

__ Date: _____

UNIVERSITY OF WISCONSIN-STOUT TALENT/PARTICIPANT RELEASE

GENERAL NEWS, MARKETING, EDUCATIONAL OR INFORMATIONAL PURPOSES

PRODUCTION — WORKING TITLE: ______

DATE: _____

RELEASE — ADULT

I grant permission to UW-Stout and its agents to use my image (*whether still, motion picture or video*), recordings of my voice, and my name in association with the purpose(s) designated above. I further agree to permit editing of the production medium (*digital file, video, film or audio recording*) to the extent necessary for normal production purposes, provided that the intent of my performance is not altered. I understand that I will **not** be compensated for this participation.

Print Name:		
Address:		
Phone:		
Signature:	Date:	

RELEASE — CHILD

I grant permission to UW-Stout and its agents to use my minor child's image (*whether still, motion picture or video*), recordings of my voice, and my name in association with the purpose(s) designated above. I further agree to permit editing of the production medium (*digital file, video, film or audio recording*) to the extent necessary for normal production purposes, provided that the intent of my performance is not altered. I understand that I/we will **not** be compensated for this participation.

Child's Name:	
Drint Devent or Cuerdion's Nemer	
Print Parent or Guardian's Name:	
Address:	
Phone:	
Signatura	Date:
Signature:	



UNIVERSITY COMMUNICATIONS 15 Administration Building, UW-Stout Menomonie, WI 54751

715/232-2381 www.uwstout.edu/uc