

STUDENT REGISTRATION CHECKLIST

Child's Name _____ Grade _____

Student Emergency Card (both sides fill out & signed) _____

CA-60 Information Data _____

Record Request Form _____

Permission Form _____

Racial Ethnic Enrollment Form and
(Need copy of utility/lease bill and driver's license)

Student Residency Form _____

Bus Form _____

Birth Certificate _____

Immunization Record _____

Immunization Consent _____

Internet Form _____

Concussion Form _____

Personal Use Form _____

Added to Power School on _____

Notes:

Byron Elementary School 2024-2025
STUDENT REGISTRATION/EMERGENCY DATA INFORMATION

Student Name _____ Teacher _____
Last Name First Name Middle

Telephone Number () Age Grade

Home Address _____ City _____ Zip Code _____
(Number/Street)

County: ☐ Shiawassee ☐ Genesee ☐ Livingston ☐ Other: _____

Mailing Address (if different, such as P. O. Box) _____
(City)

Has your telephone number or address changed since last school year? ☐ Yes ☐ No

Birthplace _____ Date of Birth ____/____/____
Month Day Year

School last attended _____
Name of School Address City State

FATHER'S INFORMATION

Father's Name	Father's Email	Father's Place of Work
Home Telephone # (if different from above)	Cell Telephone #	Work Telephone #
()	()	()

MOTHER'S INFORMATION

Mother's Name	Mother's Email	Mother's Place of Work
Home Telephone # (if different from above)	Cell Telephone #	Work Telephone #
()	()	()

With whom does the child reside: ☐ Both Parents OR
☐ Mother ☐ Father ☐ Other: _____

Stepmother's or Stepfather's name (if any): _____

Please list name and date of birth of siblings:

Name	Date of Birth	Name	Date of Birth

If your child needs to leave school due to illness/injury and we are unable to contact anyone at home or on the cell phone numbers, do you want to be contacted at work so you can arrange for someone to pick up your child from school? ☐ YES ☐ NO

Please contact one of the following responsible parties who are willing to care for my child in the event of illness/injury if we are not available or cannot be reached.

(Please list at least two people, if possible.)

Name	City	Home Telephone Number	Cell Telephone Number

Please complete health section on back.

Student Name _____
Last Name First Name Middle Initial

Health Conditions (*please check the appropriate box*):

☐ NONE

☐ ASTHMA

☐ *My child carries an inhaler.*

("Authorization for the Possession and Use of Asthma Inhalers or Prescribed Emergency Medication" form *must be completed and signed by a physician each school year.*)

☐ SEIZURES

☐ ALLERGIES

Type:

☐ bees

☐ food: _____

☐ seasonal

☐ other: _____

☐ *My child carries an EpiPen.*

("Authorization for the Possession and Use of Asthma Inhalers or Prescribed Emergency Medication" form *must be completed and signed by a physician each school year.*)

☐ Please list any other important health conditions:

Legal Restrictions: In the case of separated or divorced parents, are there any legal restrictions on the release of the child to either parent? If yes, please explain and provide court documents to the office.

Hospital of your choice in event that an injury needs immediate attention and no one can be located:

Name of Hospital _____

I understand that there is an electronic version of the Byron Elementary Student Handbook on the Byron Area Schools website, as well as a hard copy available in the Byron Elementary Office. I understand the rights and responsibilities pertaining to students regarding the rules, guidelines, procedures and policies for the school district. I also understand that this handbook supersedes all prior handbooks and other written materials on the subjects contained therein.

Parent's Signature _____ Date _____

REQUIRED CA-60 INFORMATION DATA

Today's date _____

Child's full name _____ Nickname _____

Street address _____ City _____ Zip _____

Telephone (_____) _____ Entry date _____ Grade _____

Place of birth _____ Date of birth _____ Age _____

School last attended _____ in City, State _____

FAMILY DATA:

Number of children in family _____	Dates of their birth:		
Names of other children in family:	<u>Month</u>	<u>Day</u>	<u>Year</u>
_____	_____		
_____	_____		
_____	_____		
_____	_____		

	MOTHER	FATHER
Full name		
Home address		
Home telephone		
Occupation		
Place of employment		
Employer's telephone		
State or country of birth		
Highest educational level attained (9 th grade, high school, 2 year college, 4 year college, etc.)		

Language spoken in home _____
With whom does the child live? _____
Step parent (if any) _____
Guardian (if any) _____

Route # _____

Pick-up _____

Drop-off _____

Driver Notified

BYRON AREA SCHOOLS

Bus Registration



Student's Last Name: _____ Student's First Name: _____

Student's Grade: _____ Student's Gender: _____

Student's Street Number and Name: _____

Student's City: _____

***Check here **ONLY** if your child **WILL NOT** need school transportation.

☐

Which side of the street is the student's house on? _____

Parent's names: _____

Emergency phone number: _____

Please list names of any siblings enrolled in Byron Schools:

Will the student be a regular rider? ☐ Yes ☐ No **OR** Will you call only if you need a ride? ☐ Yes ☐ No

Will your students be picked up or dropped off at another location? _____

If yes, please complete the following:

☐ Pick up

☐ Drop off

Describe (babysitter, relative, neighbor, etc.): _____

Name: _____ Phone Number: _____

Address: _____

Byron Area Schools Student Residency Questionnaire

A student may be eligible for additional educational services through Title I Part A, Title I Part-C Migrant, and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire. ***All information provided on this form is confidential. Complete one form per FAMILY.***

Where are you and your family currently staying? (Check one box)

SECTION A

☐ • Rent/own our own home.

STOP: If you rent/own your own home, sign below and send it back to school.

SECTION B

- ☐ • Temporarily with another family because we cannot afford or find affordable housing.
- ☐ • With an adult that is not a parent or legal guardian, or alone without an adult.
- ☐ • In a hotel/motel.
- ☐ • In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- ☐ • In an emergency/transitional shelter.
- ☐ • Awaiting foster care/temporary foster care placement, or currently in first six months of foster care
- ☐ • Unsheltered
- ☐ • Unaccompanied youth: not in the physical custody of a parent or guardian.
- ☐ • Other (specify):

If you checked a box in Section B, your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C-Federal McKinney-Vento Assistance Act. Please complete the information requested below.

Student Name	Male/Female	DOB	Grade	School Name

Would you like to be contacted by a member of the school system's Education for Homeless Children and Youth program staff?

- ☐ • Yes
- ☐ • No

The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student Signature _____ Date _____

Phone Number Street Address City Zip _____

BYRON AREA SCHOOLS

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize _____ Byron Area Schools _____ to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____

**PLEASE RETURN THIS EITHER WAY. IF YES, SIGN AND DATE: IF DECLINING, WRITE NO AND RETURN.
THANK YOU**

Byron Elementary School



401 East Maple Avenue
Byron, Michigan 48418
(810) 266-4671
Fax (810) 266-5011

Date _____

To Whom It May Concern:

Please send us the cumulative records for:

_____ Grade _____

_____ Grade _____

_____ Grade _____

Who was/were previously enrolled in your school and has/have now enrolled in our district

My son/daughter was receiving the following:

☐ Speech ☐ Special Ed ☐ Section 504 ☐ Physical Therapy ☐ Occupational Therapy ☐ Social Work ☐ Title I

Sincerely,

Stacey Johnson
Elementary Principal

I hereby grant permission to have the _____ school send **COMPLETE RECORDS**, including **PSYCHOLOGICAL AND PSYCHO-SOCIAL** and **BEHAVIORAL** reports for the above-mentioned student(s).

(Parent or Guardian)

(Date)

PERMISSION SLIP FOR BYRON AREA SCHOOLS

Student Name	Nickname	Date of Birth
Street Address	City	State, Zip Code
Place of Birth		

Permission for Trips

☐ Yes ☐ No*

Initialed_____

During your child's stay at Byron Elementary, there will be an occasional field trip. Rather than send home a permission slips each time, this will be the only one that needs to be signed. However, notes will be sent home at least one week prior to any trip informing you of the time, date and destination of all field trips. Safety to, from and during the trip will be a priority.

Permission for Use of Photos

☐ Yes ☐ No

Initialed_____

Byron Area Schools occasionally photographs special events/happenings throughout the district or videotapes student activities in the classroom. The pictures may be placed on bulletin boards, appear in building or district publications and our elementary yearbook. In addition, pictures or names may appear in local newspapers and on the district website/Facebook.

Permission for Medical Aid Topical

☐ Yes ☐ No

Initialed_____

This allows our nurse/office staff to apply antibiotic ointment and anti-septic wipes for cuts along with bandages, anti-itch spray for itchy rashes, and Vaseline to chapped lips as needed. If you would like to send in Tylenol/Motrin, cough drops or any other prescription/nonprescription, please fill out a form in the office.

I have read and understand this permission slip. I may change or revoke any aspect of this agreement at any time by submitting a new form.

Parent Signature_____

Date_____

Fall Membership Count Racial-Ethnic Self Identification

Student Name _____ Grade _____

Gender: Male _____ Female _____

This is a two-part question mandated by the state. The first part asks about ethnicity and the second part asks about race. Both part A and B **MUST** be completed. We encourage you to select an answer for **both parts**. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

Part A. Is this student Hispanic/Latino? (*choose only one*)

_____ **No, not Hispanic/Latino**

_____ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race)

Part B. What is the student's race? (*Choose one or more*) **If putting more than one, please number them in order of your presence.**

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Parents Signature _____ Date _____

Byron Area Schools

NETWORK ACCESS AGREEMENT FOR STUDENTS

Please read this document carefully before signing. The signatures at the end of this document are legally binding and indicate that the signing parties have read all of the terms and conditions carefully and understand their significance.

Your child's name (hereinafter referred to as "Student"), Byron Area Schools (hereinafter referred to as "District") and Internet, local network, electronic mail, and electronic bulletin board (hereinafter referred to as "Network").

In exchange for the privilege of using the Network resources (for education purposes only) at school, I understand and agree to the following:

- A. The use of the Network is a privilege that may be revoked by the District at any time for inappropriate use.
- B. The Student, his or her parents or guardians, and the District acknowledge that it is impossible for the District to restrict access to all controversial material on the Network. The District reserves the right to review any material stored in files or storage devices believed to be unlawful, indecent, obscene, pornographic, abusive, or otherwise objectionable.
- C. Any loss of security of an account or password should be reported immediately to any appropriate Network administrator.
- D. The District and/or Network does not warrant that the functions of the system will meet any specific requirements the user may have, or that it will be error free or uninterrupted. Neither the District nor the Network will be liable for any direct or indirect damages (including lost data, information, or time) incurred in connection with the use of the Network. Use of any information obtained via the Network is at your own risk.
- E. There are many other uses, both appropriate and inappropriate, that do not appear here, and you are required to ask if you have any questions about whether an activity is permitted.

Examples of Appropriate Use	Examples of Inappropriate Use
Using educational games or simulations specifically assigned by a teacher	Engaging in activities not approved or assigned by the teacher.
Searching for information and using it to form your own digital work	Plagiarism in any form.
Using school software to complete teacher directed work.	Using school software for personal use.
Using e-mail under the direction and supervision of a teacher for a school project.	Reading and/or writing personal e-mails, chatting online, instant messaging, and use of non-school email accounts.
Log in using your username and password only	Impersonating another user on the Network (using someone else's username and password)

F. Consequences for Misuse of the Network:

- 1. First Offense – Student is sent directly to an administrator and his/her parents are contacted. The student loses Network privileges for 10 days.
- 2. Second Offense – Student is sent directly to an administrator and his/her parents are contacted. The student loses Network privileges for the remainder of the academic school year and/or length of time specified by the school administrator.
- 3. Vandalism – Student is sent directly to an administrator and his/her parents are contacted. Malicious destruction of hardware or software will result in immediate and long-term removal from the Network. Disciplinary and/or legal action will follow depending on the severity of the offense. Users may be required to make full financial restitution for any unauthorized expenses or damages incurred to the Network.

As an Internet/Network User at Byron Area Schools:

1. I will not use the Byron Area Schools Network to violate any laws or rules in the student handbook.
2. I will not reveal any personal information (name, address, or telephone number) about me or about anyone else, without permission of my teacher.
3. I will not use anyone else's username and password.
4. I will not share my username and password with anyone else. I understand that if I share my password and someone else uses it, even without my permission, I will be held responsible for their actions as if they were my own.
5. I will not use the Network in such a way that it would disrupt the use of the Network by others.
6. I will not harm or destroy any hardware, software or data that belongs to the Byron Area Schools.
7. I will not add or download any hardware or software to Network property belonging to Byron Area Schools.
8. I will not violate any copyright laws or violate any state or Federal law related to copyrighted material or copyrighted software.

In consideration for the privilege for using the Network, I hereby release the District and/or Network and their employees, and agents and operators from any and all claims of any nature arising from my use, or inability to use the District and/or Network resources. I agree to abide by the rules and regulations of Network usage as set forth herein and as may be added from time to time by the District and/or Network. I agree to abide by the rules and regulations of Network usage as set forth herein and as may be added from time to time by the District and/or Network. These rules will be available in hardcopy form in the Principal's office.

Signature of Student

Date

Printed Name of Student

Grade

As the Student's parent or legal guardian, I understand that access to the Network is a privilege provided for educational purposes. I understand that it is impossible for the District to restrict access to all controversial material. I hereby release the District and/or Network and their employees, agents and operators from any and all claims of any nature arising from the use of, misuse of, or inability to use, the District or Network resources. In addition, I agree to pay in full for any fees, expenses, or damages incurred as a result of my child's use or misuse of the Network or Network equipment.

Signature of Parent or Guardian

Date

*Before any student may enhance his/her school career through participation in the school's computer network, he/she and his/her parents/guardians must sign the Network Access Agreement, which defines the conditions under which the student may participate. **This agreement will remain in effect throughout the student's school years at Byron (unless revoked, in writing, by his/her parent/guardian).** Failure to abide by all of the terms of the agreement may lead to termination of the student's access to district computers and disciplinary action up to and including suspension from school or referral to law enforcement authorities. Users of the network understand and agree to the following:*

Byron Area Schools Personal Device

Student User Agreement

Purpose:

Students possess devices that allow them access to information and resources easily; the opportunities these devices offer students are limitless, borderless, and instantaneous. In an effort to allow students increased learning opportunities and to take control of their learning, Byron Area Schools will allow students to use some personal digital learning devices in school for educational purposes. Connecting to the Byron Area Schools' wireless network with personal devices is a privilege, not a right. Students who desire to participate **must** follow the responsibilities stated in Byron's Network Access Agreement as well as the following guidelines:

Device Types:

For the purpose of this policy, the word "device" means a privately owned wireless portable electronic piece of equipment including but not limited to laptops, netbooks, tablet computers, iPod touches, and smart phones.

Guidelines:

1. Any student who wishes to use an electronic device within Byron Area Schools must read and sign this agreement and submit it to their school building as directed. Failure to read and sign this agreement will disqualify a student to use a personally owned electronic device in school buildings during school hours.
2. Special exceptions to this policy will be made for those students who have specific provisions in their IEPs.
3. Students must comply with all district staff requests to shut down the device or close the screen or otherwise cease using the device during school hours in school buildings.
4. The student takes full responsibility for the device and keeps it at all times. The school is not responsible for the security of the device including theft, loss, or damage. The District will not reimburse students for devices that are stolen, lost, or damaged.
5. The student is responsible for the device's proper care, including any costs of repair, replacement or any modifications needed to use the device at school. The District will not allocate funds or provide technology support resources to repair, replace, modify, or otherwise maintain usability of personally owned devices.
6. The District reserves the right for staff to inspect a student's personal device if a staff member has a reasonable suspicion that the student has violated Board policies, administrative procedures, school rules or codes of conduct, or has engaged in other misconduct or potential criminal activity while using his/her personal device. Students must not disable the device (lock it, remove battery, etc.) if the District has reasonable suspicion as outlined above.
7. Violations of any Board policies, administrative procedures or school rules involving a student's personally owned device may result in the loss of privilege to use the device in school and/or disciplinary action.
8. Students must present staff members with a pass if they are using a device in areas outside of the classroom (hallway, gym, library, etc...) for class related purposes.
9. Recording still or video images is prohibited unless specifically authorized by a staff member. All such recording shall take place under supervision of the authorizing staff member or another staff member designated by the authorizing staff member.
10. Posting or transmitting recorded images or video shall be limited to that which is related to school assignments and projects and shall only be done in accordance with the District policy.
11. The use of social media such as Facebook, Twitter, Instagram, Snapchat, Cyberdust, etc. while on school premises are only permitted with explicit permission from a staff member for educational purposes only. Other uses of social media will result in serious consequences, including the loss of using devices.
12. Cyberbullying on school premises with allowed devices will result in the loss of device privileges in addition to other possible disciplinary measures.
13. Zones: There will be designated areas (clearly visible) detailing how devices may be used. Descriptions of those areas follow:
 - RED: No use of any device.
 - YELLOW: With staff discretion.
 - GREEN: Students may use device following district guidelines.

Byron Area Schools Personal Device

Student User Agreement

Cybersafety

Byron Area Schools uses a web filter to block inappropriate content from reaching student devices. However, despite every effort for supervision and filtering, all users and students' parents/guardians are advised that access to the network may include the potential for access to content inappropriate for school-aged students. Every user must take responsibility for his or her use of the network and make every effort to avoid those types of content. Every user must report security or network problems to a teacher, administrator, or system administrator. Parents/guardians please be advised that if your child accesses the network supplied by your cellular provider, the school will not be able to filter any content over those networks.

Personal Safety

In using the network and Internet, users should not reveal personal information such as home address or telephone number.

Confidentiality of User Information

Personal identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian. Users should never give out private or confidential information about themselves or others on the Internet.

Student Use of Interactive Web 2.0 Tools

Online communication is critical to the students' learning of 21st Century skills, and tools such as blogging, podcasting, and chatting offer an authentic, real-world vehicle for student expression. With the use of Google Documents, Moodle, classroom blogs, e-mail, podcast projects, chat, or other Web interactive tools, students should follow all established Internet safety guidelines including:

- The use of Google Docs, Moodle, blogs, podcasts or other web 2.0 tools is considered an extension of the classroom. Therefore, any speech that is considered unacceptable in the classroom is also unacceptable in all uses of blogs, podcasts, or other web 2.0 tools. This includes—but is not limited to—profanity, racist, sexist, or discriminatory remarks.
- Students using Google Docs, Moodle, blogs, podcasts or other web tools are expected to act safely by keeping ALL personal information out of their posts.
- Students should NEVER post personal information on the web without permission from a parent or legal guardian (including, but not limited to, last names, personal details such as address or phone numbers, or photographs).
- Students should NEVER, under any circumstances, agree to meet someone they have met over the Internet.
- Students should never link to web sites from their blog or blog comments without reading the entire article to make sure it is appropriate for a school setting.
- Students using such tools agree to not share their username or password with anyone besides their teachers and parents and treat Web posting spaces as classroom spaces.

Personal Device User Agreement Violations and Consequences

It is one of the technology goals of the District to ensure that each user's interactions with technology contribute positively to the learning environment both at school and in the community. Byron Area Schools supports the positive use of technology for the purpose of enhancing and supporting learning at any time of the day. It is therefore expected that users of personal devices will comply with Byron Area Schools policies, act in a responsible manner, and will honor the terms and conditions set by the classroom teacher, and the school staff. Failure to comply with such terms and conditions may result in temporary or permanent loss of access as well as other disciplinary or legal action as necessary, up to and including expulsion. When a student does not follow established guidelines, the device will be confiscated, and a parent will have to pick up the device from the office. The wireless access provided to the devices is designed to enhance students' educational experience and increase authentic students' engagement. Connecting to the Byron Area Schools' wireless network with personal devices is a privilege, not a right.

Byron Area Schools Personal Device Student User Agreement

Student Section

I have read, understand and will abide by the Personal Device agreement. I further understand that violations of the regulations may constitute a criminal offense and will be reported to the proper authorities and/or agencies. Should I violate any of the terms of this agreement, my access and privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken.

Student Signature_____

Date_____

Parent Section

As a parent or guardian of the above-named student, I have read and understand the Personal Device agreement. I hereby give permission for my student to use their own personal device under the discretion of teachers during class activities.

Parent/Guardian Signature_____

Date_____



312 W. Maple Avenue
Byron, MI 48418
Phone: (810) 266-4881

Byron Area Schools

Dear Byron Families,

The attached information entitled “Understanding Concussion” is provided to you in compliance with Michigan Public Acts 342 and 343 of 2012. School districts and sports-related organizations must provide educational materials about concussion awareness and the risks of concussions to each student and their families. According to state law, parents/guardians and student/participants must sign an acknowledgement form regarding the receipt of the Concussion Awareness information. This acknowledgement form must be kept by the school and on file until the student/participant involved reaches the age of 18.

Please take a few minutes to read the Understanding Concussion document. It is required that both parents/guardians and student/participants sign the document. The signature page must be returned to school before the student’s first day. Failure to return the signature page will impact a student’s ability to participate in gym class and recess.

Please feel free to contact the office if you have any questions about Public Acts 342 or 343.

Sincerely,

Stacey Johnson
Principal, Byron Elementary School
810-266-4671

Understanding Concussion
Acknowledgement

As the parent/guardian of _____. I certify that we have received and reviewed the Understanding Concussion Educational Material sent home by my child's school. I am aware that it is a State of Michigan requirement that both parents/guardians and student/participants sign in acknowledgement of this material.

Parent Name – Print

Date

Parent Signature

Student Name – Print

Date

Student Signature

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
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
“Feeling Down”

Not “Feeling Right”
Feeling Irritable
Slow Reaction Time
Sleep Problems

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.

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