



Webberville Community Schools

309 E. Grand River Ave. Webberville, MI 48892
www.webbervilleschools.org | 517-521-3422

REGISTRATION FORM

STUDENT INFORMATION

Student's Name: _____
Last First M.I.

Street Address: _____
Street City/State/Zip

Mailing Address: _____
Street City/State/Zip

Student's Mobile Phone (if applicable): _____

Grade: _____ Nickname: _____

Birth Date: _____ Age: _____ Gender: _____

Resident (check one): In-District School of choice Living with another family/homeless

If the student is a ward of the court placed in our district, please list the referring county agency:

Ethnicity - Please check one:

Hispanic/Latino Not Hispanic/Latino

Race (Check all that apply):

Alaskan/American Indian Asian Pacific Islander Black/African American White

Is there any language other than English as the primary spoken in your home?

No Yes - Language: _____

Parent/Guardian Initials: _____

Date: _____

For Office Use Only Name: _____ Start Date: _____ Birth Cert: _____ Residency: _____ Imm Record: _____ Record Release: _____ Attend Record: _____ Behav Record: _____ SOC approval: _____ IEP Fwd: _____ Intake By: _____

FAMILY & EMERGENCY CONTACTS

Biological Father

Name: _____ Preferred Emergency Alert Contact? Yes No
Resides with student? Yes No If no, address: _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Ext: _____
Mobile Phone: _____ Email: _____

Biological Mother

Name: _____ Preferred Emergency Alert Contact? Yes No
Resides with student? Yes No If no, list address: _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Ext: _____
Mobile Phone: _____ Email: _____

Additional parent/guardian contact:

Name: _____ Preferred Emergency Alert Contact? Yes No
Resides with student? Yes No If no, list address: _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Ext: _____
Mobile Phone: _____ Email: _____

Additional parent/guardian contact:

Name: _____ Preferred Emergency Alert Contact? Yes No
Resides with student? Yes No If no, list address: _____
Place of Employment: _____
Home Phone: _____ Work Phone: _____ Ext: _____
Mobile Phone: _____ Email: _____

Is there a court order that restricts either parent from contact with your student or access to student records? No Yes
(If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.)

Emergency Alert Contact: *(Do not include Parents/Guardians. listed above)*

In case of an emergency situation where a parent or guardian could not be reached, I authorize the district to release any and all identifiable information about my student to the following persons. By initialing, I authorize this person to pick up my student on my behalf.

		Relationship	Pick Up Student ? (Initial below)
1st: _____	Phone: _____	_____	_____
2nd: _____	Phone: _____	_____	_____
3rd: _____	Phone: _____	_____	_____

I understand to change this information I must submit a written request to my school.

Sibling Information:

List any brothers, sisters, stepbrothers, and stepsisters younger than 20 years of age:

First & Last Name	Birth Date	School	Grade (if applies)	Same Address?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATIONS

Text Message Authorization:

Webberville Schools uses an automated app system, Appazur, to provide emergency communications and district updates to students and family. I authorize the District and the School to send communications via sms message. I understand that I can opt out of receiving these messages at any time by replying STOP to the message or by contacting the main office.

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Media Release Authorization:

During the school year, Webberville Schools may take digital images and/or videos of students at school-related activities to use in various publications; including, but not limited to yearbook, website and district social media accounts. I understand that if I do not want my student's image/video included in these publications, it is my responsibility to contact the main office.

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Equipment User Agreement:

I have read and understand the equipment/device agreement provided to me by Webberville Schools (see Appendix A) and acknowledge my responsibility in the care, use and handling of school-issued electronic devices. I understand that if my student's chromebook is damaged and the fault is determined to be the fault of the student, I may be charged for repair or replacement of the chromebook.

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Internet User Agreement:

I have read and understand the Student Acceptable Use of Technology Policy (see Appendix B) and agree to its terms and conditions. I acknowledge my responsibility in the school-appropriate use of district technology and internet access. I understand that These policies are included for reference in the student handbook and are supported by the Webberville Schools Board of Education.

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Walking Field Trip Permission:

I consent to my child's participation in field trips that involve walking to locations in close proximity to the school, and hereby waive all claims against the District of its employees for any injury, accident, illness, or death occurring or by reason of the field trip. I understand that this waiver of claims will bar any claim or lawsuit against the District or its employees. The undersigned acknowledges that he/she has reviewed the form carefully and agrees to its contents and signed the form voluntarily.

Parent/Guardian Initials: _____

Student Handbook & Discipline Policy:

My student and I have read, understand, and agree to abide by the information contained in the Webberville Student Handbook & Discipline policies. (Found at www.webbervilleschools.org, under the Elementary tab, or in the Elementary Office.)

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Concussion Awareness:

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received the Concussion Fact Sheet for Parents and/or Concussion Fact Sheet for Students provided by Webberville Community Schools (see Appendix C).

Parent/Guardian Initials: _____ Student Initials _____

Acknowledgments and Signature:

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that it is my responsibility to inform the appropriate school office if/when there is a change to any information on this form. By signing this Enrollment Form, I accept and agree that any incorrect information could lead to dismissal of my student.

X _____
SIGNATURE of Parent or Guardian PRINTED Name of Parent, or Guardian Date

X _____
SIGNATURE of Student PRINTED Name of Student Date



STUDENT HEALTH FORM

Student's Name: _____
Last First Middle

Grade: _____ Birth Date: _____ Age: _____ Gender: _____

Medical Plan:

Does your child have a health condition that is life threatening? No Yes
 Does your student have an existing 504 medical plan? No Yes

Medication:

Does your student take medications during the school day? No Yes Reason _____
 Does your student need an Epi-pen? No Yes Reason _____

*****Any medications given at school must be in the original container with doctor's instructions on the label.*****

<u>Medication</u>	<u>Dose</u>	<u>Time/Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Information:

Physician's Name _____ Phone _____ Date of Last Visit _____
 Dentist's Name _____ Phone _____ Date of Last Visit _____
 Hospital Preference _____

Does your student have asthma? No Yes Does he/she use an inhaler? No Yes

Does your student have any of the allergies?

Allergy- Bee Sting? Yes No
 Allergy- Food? Yes No If yes, specify: _____
 Allergy- Medication? Yes No If yes, specify: _____
 Allergy- Other? Yes No If yes, specify: _____

Please list additional health issues here:

Over-the-Counter Medication Authorization:

I understand if my student needs over-the-counter medication (acetaminophen, ibuprofen, tums), it must be provided in the original container, labeled with my student's name. I give the school staff permission to administer this medication as directed. All medication must be kept in the school office.

X _____
SIGNATURE of Parent/Guardian/Other Date

Emergency Medical Treatment Authorization:

In case of illness or injury of my student, I understand the school will attempt to contact parents or guardians first, followed by other persons I have listed as authorized to receive information, make certain medical decisions and have my student re-eased to their custody. If none is available, the school is authorized to make whatever arrangements are deemed necessary to maintain my student's health including, but not limited to, emergency medical treatment. I verify that the information provided on this form is accurate and current.

X _____
SIGNATURE of Parent/Guardian/Other PRINTED Name of Parent/Guardian/Other Date



TRANSPORTATION FORM

Today's Date: _____

Start Date: _____

New Student? Yes No Grade: _____

Transportation Needed? Yes No AM PM

Pick-Up? Yes No

Walking Home? Yes No Monday Tuesday Wednesday Thursday Friday

I give permission for my child to walk home after school without supervision. Parent/Guardian Initials _____

Student's Name: _____
Last First M.I.

Address: _____
Street City/State/Zip

Mailing Address: _____
Street City/State/Zip

Parent/Guardian Contact Name: _____

Phone: _____

Emergency Contacts:

1st: _____ Phone: _____

2nd: _____ Phone: _____

3rd: _____ Phone: _____

Alternate Information:

Adult at alternate stop: _____

Alternate Pick-up Address: _____

Alternate Drop-off Address: _____

Is this address a daycare? Yes No

Alternate Phone: _____

Early Dismissal: In case of early dismissal, my student is to do the following:

- Ride the bus home Walk Home Car Rider
- Go to Kids Club because my student is currently enrolled in AM or PM Webberville Kids Clubhouse child care.
- Go to the following relative or baby-sitter: Name: _____ Phone: _____

Transportation Verification:

I understand that I am to notify the office in writing of any change to the above listed transportation plan.

X _____
SIGNATURE of Parent/Guardian/Other PRINTED Name of Parent/Guardian/Other Date



NEW STUDENT INFORMATION

*****Along with this enrollment form, these documents are required to complete the enrollment process for new students only.*****

- Student's birth certificate
- Student's immunization record or waiver
- School of Choice form (if outside of district)
- Records Request (if transferring)
- Proof of address, such as: driver's license, W-2, public assistance documents, pay stub, government mail, utility bill, mortgage/lease, etc.

School History and Attendance

Has your student previously attended another school? No Yes

Date student left school: _____ Last grade: _____

Previous School District : _____

Has your student ever been homeschooled? No Yes Is your student currently being homeschooled? No Yes

Special Services:

Does your student have any additional education services or a 504 accommodation plan?

IEP 504 Speech/Language Other: _____

Please describe:

Has your student participated in supplementary education programs such as extra help with reading, math and/or language arts?

If yes, which subject(s)? Reading Math Language Arts

Please describe:

Suspensions/Expulsions:

Is your student currently under suspension or expulsion from school? No Yes _____ Initials

Has your student ever been under suspension or expulsion from school? No Yes _____ Initials

If you have answered yes, state the reason(s):



Webberville Elementary School
 202 N. Main St. Webberville, MI 48892
 Office: 517-521-3071 Fax: 517-521-1028
 www.webbervilleschools.org

RECORDS RELEASE

Jason Kubiak, Principal

Andrew Smith, Superintendent

Parental permission has been granted for student records to be sent to the requesting school ,as indicated by the parent(s) signature below.

This is to include all tests, health records, immunization records, birth certificate records, and any Special Education records you have on the below named student. Thank you!

Student's Name: _____
Last First Middle

Grade: _____ Birth Date: _____

Transferring From (Name of School) _____

School Address _____

Phone: _____ **Fax:** _____

X _____
SIGNATURE of Parent/Guardian/Other Date

Please send cumulative CA-60 files/Special Education records to:

Webberville Elementary School
202 N. Main Street
Webberville, MI. 48892
Attn: Ellen Diaz
Fax: 517-521-1028

**Webberville Community Schools
Schools of Choice Application**

2023-2024



Date of Application _____

Student's Name _____

Grade Entering in 2023 -2024 _____ Birthdate _____

Current School building and school district *(see other side) in which you reside: _____

Parent/Guardian _____

Street Address _____ City _____ Zip _____

Attach proof of residency (for example, phone bill, mortgage payment, copy of driver's license).

Phone (home) _____ Alternate phone numbers _____

Did your child attend Webberville Community Schools during the 2022-2023 school year? Yes No

Is a sibling currently attending Webberville Community Schools as a Schools of Choice student? Yes No

Name(s) and grades of sibling(s) _____

Please mark an X in the grade you are wishing to enroll your student in:

School	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Elementary													
Middle School													
High School													

Why are you choosing Webberville Community Schools?

Has your child ever been expelled from any school district? Yes No

If yes, state the school and reason: _____

Has your child ever been suspended from any school within the last two years? Yes No

If yes, please state the reason: _____

YOUR SIGNATURE IS REQUIRED ON THE BACK OF FORM

**Submit application by Friday, August 18, 2023
to 309 E. Grand River or 202 N Main Street, Webberville, MI 48892**

**Webberville Community Schools
Schools of Choice Application**

2023 - 2024

* Please note that the following applies to School of Choice applications for students who reside in an intermediate school district other than the Ingham Intermediate School District: If your application for schools of choice enrollment is accepted and if your child is eligible for special education programs and services according to statute or rule, or is a child with disabilities, as defined under the individuals with disabilities education act, Title VI of Public Law 91-230, actual enrollment cannot occur until Webberville Community Schools reaches a written agreement with the district in which you reside. This agreement will address providing your child with a free appropriate public education and must also include, but is not limited to, an agreement of the responsibility for the payment of the added costs of special education programs and services for the pupil. If such agreement is not reached, your application will not be accepted.

By my signature below, I certify that all of the information contained in this application form is complete and correct. I understand that any incorrect or inaccurate statement, including but not limited to the statement on suspensions and expulsions, will result in either non-admission and no further consideration of this application or if already admitted, immediate suspension and dismissal as a student.

Parent's/Guardian's Signature

Date

**Submit application by Friday, August 18, 2023
to 309 E. Grand River or 202 N Main Street, Webberville, MI 48892**



School Office use only:

Date application received _____

Student was admitted as SOC: Yes No

Building _____

APPENDIX A

Webberville Community Schools Equipment/Device User Agreement

Overview

The following information and policies refer to the individual student use of a **school- owned technology device**. Students are required to follow these guidelines as well as the Webberville Community Schools Technology Acceptable Use Policy.

Care and Maintenance of the **School-Owned Technology Device**:

- Only clean your device with a soft, dry, lint free cloth. Do not use any type of cleaner (even eye glass cleaner) on your device.
- Do not try to access the internal electronics or repair your technology device. If your equipment is not working, please notify the front office.
- Do not place weight on the technology device.
- Never throw your technology device.
- Be careful when plugging in your equipment to charge as the ports are fragile. Be sure to plug the charger into the wall first, and then plug it into your equipment.
- Each piece of equipment will have a GPS locator software installed on it. Disabling, changing or attempting to remove this software is grounds for disciplinary action and removal of equipment.
- Each device will have an identification tag attached to it. Do not remove or alter this tag.
- Never lend your device to another person. You are the person responsible for the device, as it was assigned to you.
- The equipment must be free of stickers, writing and/or painting.

Use of the equipment/ device:

- All users are expected to follow copyright laws
- A student is to notify a staff member immediately upon finding information, messages or website posts that are inappropriate, dangerous or threatening.
- A student is to notify the office if student becomes aware of an Internet security problem.
- A student must immediately tell office personnel when his device is lost or stolen so the police can be contacted to begin investigation.
- The equipment is property of Webberville Community Schools and may be reviewed by an administrator at any time for appropriate use. There is no expectation of privacy for students regarding content of the equipment and/or email/data transmissions.
- Students are not allowed to record videos or take pictures at/or around school without permission from a staff member.
 - If the above occurs, **it will result in a student disciplinary action.**
- A student must obtain school permission from an administrator prior to publishing any picture or video on the Internet.
- The district will provide some applications “apps”, needed for learning. These “apps” cannot be transferred to another device and should not be uninstalled.

Access to any internet network while using school issued equipment is a privilege, not a right. Unacceptable conduct includes, but is not limited to:

- Using any network for illegal activities, including copyright, license or contract violations; downloading inappropriate materials, viruses, inappropriate software, hacking, and/or host file sharing.
- Causing congestions on the network or interfering with the work of others (broadcasting group messages, “spamming”).
- Invading the privacy of other individuals.
- Using another student’s access or password.

- Coaching, helping, or watching any unauthorized activity on the network
- Violating copyright law and/or plagiarism.
- Sending, accessing, uploading, downloading, or distributing offensive, profane, threatening, pornographic obscene or sexually explicit materials.
- Use of websites to buy/sell term papers, book reports and any other form of student work.
- Bypassing the school web filter through a proxy site.
- Being in possession of gang related files and/or bootleg movies or music
- Using the camera to create inappropriate movies/pictures (this can be a felony offense and will be turned over to the police).

Consequences for violations of the equipment expectations may include, but are not limited to:

- Suspension or revocation of equipment use, internet and/or email privileges.
- Legal action and/or prosecution.
- Saturday School/Detention/Suspension.
- \$25.00 fee if device needs to be reimaged due to inappropriate content/use.

Distribution of equipment:

- Each student K-12th grade will receive a device and charger.
- Students who leave Webberville Community School District during the school year must return the device before leaving the district. Failure to do so will result in legal action.
- Students will be provided a Webberville email address and will not be allowed to email individuals outside of the Webberville domain using the account.
- Each device will be distributed at the start of the school year. The device will be collected during the final week of the school year. Any equipment not returned at the end of the school year will be considered lost or stolen, which may result in additional fees and/or legal action.
- The full cost of replacing the technology device will be \$350.00.

Damaged, lost or stolen equipment:

- If a district- issued piece of technology equipment/ device is stolen, lost or damaged, the student/parent should immediately contact Webberville Schools. A police report will be filed. It is important to report lost devices as the GPS tracking system can be used for general location purposes.
- In the event that a device is stolen, lost or damaged, the parent/guardian will be responsible for paying the cost to replace the device.

Cost for damaged equipment:

- ❖ Full replacement cost of a technology device is approximately \$350.00.
- ❖ Battery \$100.00
- ❖ Cracked Screen \$75.00
- ❖ Charger/ Cable/ Power Cord \$20.00
- ❖ District-issued applications/software \$20.00

APPENDIX B

* PARENT AND STUDENT SIGNATURE REQUIRED. PLEASE READ, SIGN, AND RETURN AT REGISTRATION *

INTERNET USER AGREEMENT - Student Acceptable Use of Technology Policy

Webberville Community Schools acquires and makes available certain materials, in the category of technology hardware and software, to aid the effective conduct of teaching, learning and non-instructional operations. These technologies are acquired with the understanding that they contribute access to information, methods of presentation, and communication. Staff and students as well as interested persons outside the Webberville Community Schools recognize that these technologies are a productive means of carrying out the mission and instructional goals of the Webberville Community Schools.

The uses of technology carry with them certain responsibilities. Technology uses should be consistent with the tasks to which they are assigned. *Technology* is defined as including, but not limited to, electronic media, hardware, software, services [Internet, Phone] and equipment owned or leased by Webberville Community Schools.

Disclaimer:

Webberville Community Schools makes no warranty of any kind, whether expressed or implied, for the service it is providing. Access to people all over the world, via the computer brings with it an availability of material that may not be considered educationally valuable. It is impossible to control access to all material, but WCS will make every effort to block access to inappropriate material. We firmly believe that the availability of valuable information and the potential for interaction on the Internet far outweigh the possibility that users may be exposed to material not consistent with the educational goals of the Webberville Community Schools. As with all educational materials, teachers will do their best to supervise student access while under their instruction. Webberville Community Schools will not be liable for damages or injuries resulting in violations of the Acceptable Use Policy or any misuse of technology.

Technology Usage Guidelines

Hardware/Software:

In general, users have the conditional right to make use of authorized technology found on school grounds in order to facilitate personal academic growth and greater understanding of the utilization of technology.

Only software purchased by Webberville Community Schools or software purchased by staff, but approved by the WCS Technology Department may be stored or installed on district hardware. No software may be downloaded from the Internet via browser, file sharing application, etc. without the permission of the WCS technology department. The installation of software by students is strictly prohibited.

No personal programs, including games, are to be stored locally or on centralized district file servers. Students are to save files created for academic purposes to portable media or to their file server account.

Only hardware approved by Webberville Community Schools may be attached to the district network.

It is the user's responsibility to ensure that district equipment and software are not destroyed, modified, or abused in any way.

District hardware and software may not be moved to other locations within the district, or removed from the district unless authorized by the WCS Technology Department.

Internet Access:

The purpose of the Internet access provided by Webberville Community Schools is to promote and enhance the educational environment. Student use of the Internet must be consistent with the educational objectives of Webberville Community Schools. Transmission of any material in violation of any U.S. or State regulation is strictly prohibited. This includes, but is not limited to copyrighted material, threatening or obscene material, and pornographic images. Use for commercial activities is not acceptable. Use for product advertisement or political lobbying is also prohibited.

The use of the Internet is a privilege, not a right, and inappropriate use will result in the cancellation of those privileges. Building administrators will determine what appropriate use is and their decision is final. Also, the building administrator may close any account at any time, as required. The administration, faculty, and staff of Webberville Community Schools may request the system administrator deny, revoke, or suspend specific user accounts. Students who violate the acceptable use policy for internet access may also receive school discipline.

Network Access:

Each student has been granted access to the WCS network. Network access is controlled through rights assigned to user names. Students cannot for any reason share their username or password with any other WCS user. Students may not attempt to represent themselves as other users, or steal login information [user name and password].

WCS file server accounts are not private, and may be monitored for inappropriate use. The storage of executable files on network servers is strictly forbidden. The storage of media files including movies, music, and images for non-academic purposes is strictly forbidden. Storage of media files for academic purposes is allowed with permission of the Technology Department. The decision regarding the size of user file server accounts resides with the WCS Technology Department, and may change at any time. The storage of executable files and/or media files for non-academic purposes in compressed folders containing any of the following aforementioned file types is strictly forbidden.

Electronic Communication:

Student use of e-mail, chat rooms, instant messaging is not acceptable, unless approved by a teacher to support a curricular objective. The transmission of network messages to any other user is strictly forbidden.

Disciplinary Action for Violation of Acceptable Use Policy:

The guidelines within this document are not all-inclusive, but only representative and illustrative. A user who commits an act of misconduct which is not listed may also be subject to disciplinary action.

Violation of the Webberville Community Schools Acceptable Use Policy may result in suspended computer privileges, school discipline, and monetary reimbursement. The need to replace or repair files that a student maliciously damages will result in suspended computer rights and fees.

Disciplinary actions for technology violations are based on the disciplinary procedures of Webberville Community Schools. Possible disciplinary actions include but are not limited to the following:

- Student conference or reprimand.
- Parent contact.
- Behavioral contract.
- Full financial restitution.
- Denial of participation in class and/or school activities.
- Ban from using all computer equipment for a period of time as determined by building administration.
- Saturday School.
- Detention and/or out-of-school suspension.
- Removal from a course resulting in loss of credit.
- Expulsion.

Students who are caught using proxy sites or other programs designed to circumvent the school's filter system will receive at least Saturday School on the first occurrence, as this act represents a premeditated violation of school safety measures.

APPENDIX C

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.

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