

**GHSA STUDENT/PARENT CONCUSSION AWARENESS FORM**  
**MILL CREEK HIGH SCHOOL**

**DANGERS OF CONCUSSIONS:**

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death. Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

**COMMON SIGNS AND SYMPTOMS OF CONCUSSION:** Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness. Nausea or vomiting. Blurred vision, sensitivity to light and sounds. Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments. Unexplained changes in behavior and personality. Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**BY-LAW 2.68: GHSA CONCUSSION POLICY:** In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

I give Mill Creek High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during this school year. This form will be stored with the athletic physical form and other accompanying forms required by the Gwinnett County Public Schools System.

Initial: TS      **I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.**

**ALTERNATIVE TRANSPORTATION LIABILITY RELEASE**

Initial: TS      GCPS/Mill Creek High School is not always able to provide transportation for students to off campus extracurricular school activities. In cases when transportation is not provided by GCPS/Mill Creek High School, as in the use of a school bus or charter bus, it is the responsibility of the student's parents/guardian to secure their student's attendance at such activities. GCPS, its local schools, officers, employees or agents shall not be responsible for any injury or loss arising out of a student's transportation to or from the off campus activity when such transportation is provided by parents, student, staff or any other party.

**MEDIA RELEASE**

Initial: TS      I hereby give my consent to all photographs, audio recordings, academic work and/or video recordings taken of me or my minor child by GCPS staff or their designee. I understand that any such photographs, audio recordings, academic work and/or video recordings become the property of the local school or district and may be used by the school, district or others within their consent, for educational, instructional or promotional purposes determined by the district in broadcast and electronic media formats now existing or in the future created.

**ATHLETIC CODE OF CONDUCT**

Initial: TS      Gwinnett County Public Schools' athletic programs are a great source of pride to our communities. Involvement in athletics helps students develop a better sense of responsibility, cooperation; self-discipline, self-confidence, and sportsmanship that will help serve them long after graduation. The lessons and values learned by participating on athletic teams last a lifetime.

All athletes are expected to abide by the highest standards of fair play and sportsmanship while on the court or field. We also have high expectations regarding behavior when the students are not engaged in athletic competitions. Students participating in Georgia High School Association extracurricular athletic activities act as representatives of Gwinnett County Public Schools. All students are expected to conduct themselves in such a manner as to meet the highest standards of the school system at all times.

The Athletic Code of Conduct is designed to establish high expectations and standards for all students participating in Georgia High School sanctioned athletic activities. The Code of Conduct also provides consistent consequences when violations occur. The consequences listed on the Code of Conduct are minimum standards. The schools can set consequences over and above those listed on the Code of Conduct.



# PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING

- Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.
- Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.
- By signing this permission form, you acknowledge that you have read and understand this warning.
- PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (we) hereby give consent for Christopher Sanders to:

- Compete in athletics at Mill Creek High School of the Gwinnett County School District in Georgia High School Association approved sports;
- To accompany any school team of which the student is a member on any of local or out of town trips;
- and I hereby verify that information included on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

The student is domiciled at the above address located in the 2006 Barberry Dr. Buford, 30519 High School District.

Has student attended this Gwinnett County school for at least one full school year? Yes ☒ No ☐

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

## EMERGENCY CONTACTS – PLEASE PRINT CLEARLY:

Name of Father/Guardian Christopher Sanders Telephone Work: \_\_\_\_\_ Cell 3104930592  
Name of Mother/Guardian Tiniesha Sanders Telephone Work: \_\_\_\_\_ Cell 3109740015  
Emergency Contact Wilbert Brooks Telephone Work: \_\_\_\_\_ Cell 3102918286  
Date of Birth 9/18/10 Home Telephone Number \_\_\_\_\_  
Date of Physical 6/2022 Date Entered 9th Grade \_\_\_\_\_ Your Grade Level This Year \_\_\_\_\_

## INSURANCE INFORMATION

Please INITIAL ONE of the following statements regarding insurance coverage for your son/daughter for the TS school year.

TS My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletes (including, but not limited to, varsity and junior varsity football).

Kaiser Peach State Health Plan 222118205922  
Company providing Insurance: \_\_\_\_\_ Name of Insured: \_\_\_\_\_ Policy#: \_\_\_\_\_

ts I wish to purchase the Benefit Plan provided for the Gwinnett County School System. (A signed copy of this Benefit Plan must be stapled to this form.)

## MEDICAL AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, Christopher Sanders, may compete in high school athletics in Gwinnett County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child, Christopher Sanders, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.

## PLEASE SIGN HERE:

THIS SIGNATURE CONSENTS TO ACKNOWLEDGEMENT OF DANGERS OF CONCUSSIONS, TRANSPORTATION LIABILITY, MEDIA RELEASE, CODE OF CONDUCT, PERMISSION TO TREAT, ATHLETIC PARTICIPATION, VERIFICATION OF INSURANCE COVERAGE AND MEDICAL AUTHORIZATION. THIS SIGNATURE ALSO REPRESENTS THAT ALL INFORMATION PROVIDED IN THIS ATHLETIC PARTICIPATION FORM IS ACCURATE AND COMPLETE.

Christopher Sanders  
SIGNATURE OF ATHLETE

June 8  
SIGNATURE OF PARENT/GUARDIAN

6/27/2022  
DATE