

2020

SAFETY MANUAL



**LEWISTON LITTLE
LEAGUE**

**WHERE SAFETY
COMES FIRST**

LEWISTON, IDAHO

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LEWISTON LITTLE LEAGUE INFORMATION

Safety Manual Purpose

The purpose of the Safety Manual is to provide information to Lewiston Little League volunteers on how to make the league's activities safer and more enjoyable. This manual includes phone numbers for emergency services, board members and field facilities. Also included are codes of conduct for managers, coaches and parents, the safety code, and general procedures for field, equipment and concession stand safety. Furthermore, methods are presented on treating injured players. This information is intended to augment the first aid and coaches training detailed below. It is in the best interest and safety for all Lewiston Little League volunteers to have some formal first aid training. Finally, medical release, accident reporting, concussion information, volunteer application and various related safety forms are provided at the end of the manual. In conjunction with this plan, a qualified safety plan registration form is submitted to Little League headquarters.

Each team manager will be issued a Safety Manual at the beginning of the season. Also, both permanent concession stands (Pepsi and Airport fields) will have a copy. Additional copies will be available from the Lewiston Little League Board of Directors.

League player registration data or player roster data and coach and manager data may be submitted via the Little League Data Center. All Little League volunteers will be required to fill out a volunteer application form, which will be checked nationwide.

Board of Directors

PRESIDENT

Autumn Cann
208.791.5787

TREASURER

Sarah Eldred
208-413-0054

SECRETARY

Tricia Waide

UMPIRE IN CHIEF-BASEBALL

Mark Thompson – Baseball
Bryan Howland - Softball

SCHEDULE COORDINATOR

Michelle Cameron

LEAGUE INFORMATION OFFICER

Autumn Cann/Tricia Waide

SALES RECRUITMENT SPECIALIST

Brendan Eilers
435-590-5604

UNIFORM MANAGER

Sheena Savage

EVENT COORDINATOR

Laurel Holland
208-553-7339

SAFETY OFFICER

Brendan Eilers
435-590-5604

Board Members

HARD BALL

VP – HARDBALL

Jen Brady

PLAYER AGENT – MAJORS/MINORS

Jake Canner
208-790-3888

PLAYER AGENT-FARM/T-BALL

Jake Canner
208-790-3888

COACHES COORDINATOR

Kyle Peterson
208-874-2660

EQUIP MANAGER-HARDBALL

Travis Green
208-553-8972

FIELD MAINTENANCE

Nick Krasselt
208-553-8984

SOFTBALL

VP SOFTBALL

Todd Huffaker
208-746-3821

PLAYER AGENT – MAJORS/MINORS

Julie Roehl
208-791-8269

PLAYER AGENT-FARM/T-BALL

Julie Roehl
208-791-8269

COACHES COORDINATOR

Glen Frisbee
208-305-4918

EQUIP MANAGER-SOFTBALL

Al Reagan
208-790-1455

OTHER IMPORTANT CONTACTS

LEWISTON PARKS AND REC

TIM BARKER, Director
LYNN WELCH, Program Director
208/746-2313

Emergency Services Numbers

Fire/Police Emergency
911
Fire Department
208/743-3554
Ambulance, non-emergency
208/743-8820
Police Department
208/746-0171
St. Joseph Hospital, emergency room
208/799-5457
St. Joseph Hospital, non-emergency
208/743-2511

Field Phone Numbers

Airport Park, Concession Area
208/798-3343
Inland Cellular Field, Light Power Box
208/746-2914
Pepsi Field, Concession Area
208/746-1711
Valley Boys and Girls Club, Inside Club
208/746-2301
Sunset Park, Adult Softball Field
208/743-8928
Fairgrounds, Fair Building
Payphone



Managers and Coaches Code of Conduct

Coaches shall remain supportive of Lewiston Little League's commitment to the standards of good sportsmanship, team play, honesty, loyalty and respect for authority. Furthermore, coaches shall remain sensitive to the physical and emotional well-being of the players on their team. In order to promote to these principles, coaches are to adhere to the following code of conduct:

- Set the example for the players, parents and fans to follow.
- Display and instill in players the principles of good sportsmanship and team play.
- Encourage good sportsmanship by demonstrating positive support for all players, managers, coaches, umpires, league officials and parents.
- Do not ridicule or demean players, coaches or umpires.
- Place the emotional and physical well-being of players on all teams ahead of any personal desire to win.
- Ensure that winning and losing teams do so in a manner which exhibits respect and good sportsmanship.
- Insist that players are in a safe and healthy environment.
- Demand a drug, alcohol, and tobacco-free sports environment and refrain from their use at games and practices.
- Remember that Little League is for children and not for adults.
- Provide the players a positive experience and endeavor to make the game fun for all involved.
- Provide instruction in a manner that is constructive and supportive.
- Be knowledgeable in the rules of Little League Baseball/Softball and teach these rules to players.
- Acknowledge the need to demonstrate fundamental proficiencies with respect to the game and agree to be trained in the responsibilities of being a manager or coach.
- Comply with the decisions of league officials and observe all rules, policies and procedures as directed by Lewiston Little League.



Parents Code of Conduct

In 2000, the National Youth Sports Safety Foundation, Inc. in conjunction with the state of Massachusetts developed a parent's code of conduct for youth sports. Since then, this code has been adopted by numerous youth organizations nationally. Below is a version of that code, which contains the standards of character-building and ethics in sports. As with our coaches, parents should remain supportive of Lewiston Little League's commitment to good sportsmanship, team play, honesty, loyalty and respect for authority. It is expected that parents espouse the principles contained in the following code of conduct:

- Will not force my child to participate in sports.
- Remember that children participate to have fun and that the game is for youth, not adults.
- Inform the coach of any circumstances regarding my child that may affect the safety of my child or the safety of others.
- Learn the rules of the game and the policies of the league.
- Be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators.
- Will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- Will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
- Teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- Demand that my child treat other players, coaches, officials and spectators with respect.
- Teach my child that doing one's best is more important than winning.
- Praise my child for competing fairly and trying hard – make my child feel like a winner every time.
- Never ridicule or yell at my child or any other participant for making a mistake or losing.
- Emphasize skill development and practices and how they benefit my child over winning.
- Promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
- Respect the officials and their authority during games and will never question, discuss, or confront officials or coaches at the game field - will take time to speak with coaches at an agreed upon time and place.
- Demand a sports environment for my child that is free from drugs, tobacco, and alcohol and refrain from their use at all events.
- Refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

SAFETY PROGRAM INFORMATION

Lewiston Little League's Safety Code

Safety should be the main focus in all Lewiston Little League activities. The league conducts annual field, lighting and equipment surveys complete with long-range improvement plans (in conjunction with the city of Lewiston; on file). Thus, an opportunity is provided to a large number of young people to participate in a program that has the obligation of providing a safe and fun environment. To that end, the league has developed the following Safety Code:

- Responsibility for safety is that of every adult member of the local league.
- Make arrangements for emergency medical services prior to all games and practices.
- Managers, coaches, umpires and league-approved volunteers will be provided with first aid and CPR training. First aid kits are available in the equipment areas at all fields.
- No games or practices should be held when weather or field conditions are poor, particularly when field lighting is inadequate.
- Lightning meters have been installed at all fields. If the alarm is activated, then the umpire will call the game.
- Inspect play area and equipment frequently to ensure it is safe. Utilize the Game and Practice Safety Checklist.
- Only players, managers, coaches and umpires are permitted on the playing field during games and practice sessions.
- Players should be alert, watching the batter every pitch during practice and games.
- Inspect equipment before each practice and game to ensure it fits properly and meets all safety requirements.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- When using soft toss as a hitting station (helmets must be worn), you should never hit baseballs or softballs into the chain link fence at the fields or at the batting cage.
- There can be no on-deck batters at practice or games (except for Junior Girls).
- Catchers must wear a catcher's helmet, mask, 'dangling' type throat protector and protective supporter (boys) at all times (games & practices).
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are allowed.
- No jewelry is allowed, includes rings, necklaces, earrings, wristbands (regardless of material) etc.
- Head first sliding is prohibited, except when a runner is returning to a base.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches. No warming up across walkways, bike paths and parking lots.
- "Horse Play" is not permitted on the playing field at any time.
- Managers will never leave an unattended child at a practice or game.
- Any player who misses 7 or more days due to injury or illness must have a doctor's release to resume play.
- There is no smoking allowed around any play or practice facility.
- There is no alcohol or drugs allowed around any play or practice facility.

Batting Cage Safety Rules

It is mandatory at all times, whether in the cages or during practice, that a batter must have on a helmet and a catcher must be in full catcher's gear.

- Adult supervision is required at all time when the batting cage is in use. The adult must be a league-approved volunteer.
- If a mechanical device is used to deliver a ball, then an adult must operate it.
- Only one batter and one pitcher/pitching machine operator are allowed in the cage at one time.
- Enforce helmet use for every non-adult in the batting cage: hitters and pitchers.
- The pitcher/pitching machine operator must use an "L" screen for protection.
- Lock and secure the batting cage at all times when not being used.

Ten Commandments of Safety

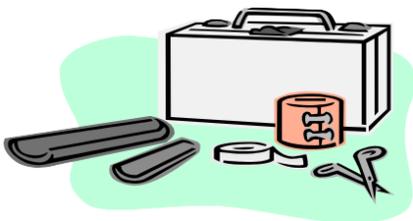
1. CHECK PLAYING FIELD FOR SAFETY HAZARDS
2. MAINTAIN CONTROL OF THE SITUATION
3. ENSURE FIRST AID IS AVAILABLE
4. WEAR PROPER EQUIPMENT
5. ENSURE EQUIPMENT IS IN GOOD SHAPE
6. BE ALERT
7. MAINTAIN DISCIPLINE
8. SAFETY IS A TEAM SPORT
9. BE ORGANIZED
10. HAVE FUN



Safety is everyone's job. Prevention is the key to reducing accidents. Report all hazardous conditions to the Little League Safety Officer or a board member immediately. Don't play on a field that is unsafe or play with unsafe equipment. Be sure that your players are fully equipped at all times, especially catchers and batters. Check your team's equipment often.

First Aid Kits

Again for 2015, first aid kits will be a component of each team's equipment bag. It will be the responsibility of the team manager to insure the first aid kit is properly stocked. If a kit needs to be resupplied, then notify the safety officer or a Lewiston Little League board member.



Field and Equipment Safety

All umpires, managers and coaches are responsible for checking field safety conditions before each game.

The Equipment Officer is responsible for distributing equipment to the individual teams. This equipment is checked and tested when it is issued; however, it is the team manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice. Utilize the Game and Practice Safety Check List in the back of this manual.

Make sure the equipment issued to your team is appropriate for the age and size of the players (reduced impact balls- softies- for tee ball). The Equipment Officer will promptly replace damaged and improper fitting equipment. Since players like to bring their own gear, ensure it meets the requirements outlined in this Safety Manual and the Official Little League Rule Book.

Make sure that players respect the equipment that is issued. At the end of the season, all equipment must be returned to the Equipment Officer.

Lightning Safety Information

Each year, about 400 children and adults in the U.S. are struck by lightning while working outside, at sports events, on the beach, mountain climbing, mowing the lawn or during other outdoor activities. Many of these tragedies can be avoided. Finishing the game, getting a tan, or completing a work shift are not worth death or crippling injury.



- **Lightning Devices.** Once the alarm sounds, the game will be discontinued immediately.
- **All thunderstorms produce lightning and are dangerous.** Lightning kills more people each year than tornadoes.
- **Lightning often strikes as far as 10 miles away from any rainfall.** Many deaths from lightning occur ahead of the storm because people wait too long before seeking shelter.
- **You are in danger from lightning if you can hear thunder.** If you can hear thunder, lightning is close enough that it could strike your location at any moment.
- **Lightning injuries can lead to permanent disabilities or death.** On average, 10% of strike victims die; 70% of survivors suffer serious long term effects.
- **Look for dark cloud bases and increasing wind.** Every flash of lightning is dangerous, even the first. Head to safety before that first flash. If you hear thunder, head to safety!
- **Blue Skies and Lightning.** Lightning can travel sideways for up to 10 miles. Even when the sky looks blue and clear, be cautious. If you hear thunder, take cover. At least 10% of lightning occurs without visible clouds overhead in the sky.

Outdoors is the most dangerous place to be during a lightning storm. When lightning is seen or thunder is heard, or when dark clouds are observed, quickly move indoors or into a hard-topped vehicle and remain there until well after the lightning storm ends. If lightning is forecasted, then plan an alternate activity or know where you can take cover quickly.

Lightning Safety Rules

1. **Postpone activities promptly. Don't wait for rain.** Many people take shelter from the rain, but most people struck by lightning are not in the rain! Go quickly inside a completely enclosed building, not a carport, open garage or covered patio. If no enclosed building is convenient, get inside a hard-topped all-metal vehicle.
2. **Be the lowest point. Lightning hits the tallest object.** In the mountains if you are above treeline, you ARE the highest object around. Quickly get below treeline and get into a grove of small trees. Don't be the second tallest object during a lightning storm! Crouch down if you are in an exposed area.
3. **Keep an eye on the sky.** Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
4. **Listen for the sound of thunder.** If you can hear thunder, go to a safe shelter.
5. **If you see or hear a thunderstorm coming or your hair stands on end, immediately suspend your game or practice and instruct everyone to go inside a sturdy building or car.** Sturdy buildings are the safest place to be. Avoid sheds, picnic shelters, baseball dugouts, and bleachers. If no sturdy building is nearby, a hard-top vehicle with windows closed will offer some protection. The steel frame of the vehicle provides some protection if you are not touching metal.
6. **If you can't get to a shelter, stay away from trees.** If there is no shelter, crouch in the open, keeping twice as far away from a tree as it is tall.
7. **Avoid leaning against vehicles.** Get off bicycles and motorcycles.
8. **Avoid metal!** Drop metal backpacks, stay away from clothes lines, fences, exposed sheds and electrically conductive elevated objects. Don't hold on to metal items such as golf clubs, fishing rods, tennis rackets or tools. Large metal objects can conduct lightning. Small metal objects can cause burns.
9. **Move away from a group of people.** Stay several yards away from other people. Don't share a bleacher bench or huddle in a group.

First Aid and Coaches Training

First aid training and a coaching clinic will be available through Lewiston Little League before the beginning of each season. It is mandatory for one manager or coach per team to attend a first aid (or show proof of first aid training) and a coaching clinic. This training must be completed prior to the first practice, team meeting or contact with players as part of your duty as a Little League coach. Furthermore, managers and coaches that intend to coach a 2018 Little League tournament (All-Star) team must attend a 2018 coaching clinic.

Lewiston Little League has scheduled a first aid and **hardball/softball** coaches training session on Monday, March 19th at 6:00 pm at Tri State Memorial Hospital. This training is open to all league volunteers (managers, coaches, umpires, board members, etc.). An alternative training date will be decided prior to the start of the season.

Concession Stand Safety



Lewiston Little League recognizes the hazards of food preparation and storage, and will follow the requirement of the Idaho Rules and Regulations Governing Food Sanitation Standards (Uni-Code). A check off list will be made available to each concession stand and a concession stand worker will be required to submit a completed list each week to assure that the operation of concession stands are within the regulated guidelines. The concession stand manager is responsible for training concession stand workers in the appropriate safety procedures.

INJURIES

Safety Procedures

In case of emergency:

1. Give first aid and have someone call 911 immediately.
2. Notify parents immediately.
3. Fill out a Lewiston Little League Incident/ Report and deliver it to the Safety Officer or Little League Board member within 24 hours. Copies of this form are included in the back of this manual.
4. Talk to your team about the situation if it involves them.

Injury Prevention

Good communication with your players is key to injury prevention. If a player feels that they may be pulled from the game, they may not tell the coach the full extent of their injury. Therefore, it is important for coaches to rely on observation and instinct.

Other techniques to prevent baseball and softball injuries include:

- Proper maintenance of the playing site.
- Close attention to playing conditions.
- Proper athletic conditioning.
- Teach the proper techniques for play, especially sliding.
- Avoid over-use.
- Consistent and proper use of all protective gear.
- Close coaching supervision and organization of warm-ups, practices and games.
- Do not allow horseplay.

Communicable Disease Procedures

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids are anticipated (provided in first-aid kit).
3. Immediately wash hands and other skin surface if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Treating Sports Injuries

For a general guide on treating sports injuries, remember the word **PRICES**:

PROTECTION **R**EST **I**CE **C**OMPRESSION **E**LEVATION **S**UPPORT

PROTECT the injured part of the body. For example, use crutches for an ankle or knee injury.

REST the player and avoid using an injured part. There are different degrees of rest that are appropriate for different injuries at different stages of recovery. Usually rest initially means avoiding the activity that created the injury. The most obvious treatment for an over-use injury is rest.

ICE the injury. It makes your player more comfortable, eases the pain and reduces swelling and inflammation

COMPRESSION should be applied carefully to keep swelling to a minimum. You must be cautious with elastic bandages. They must not be applied tightly enough to cause more swelling below the bandage.

ELEVATION of the injured part decreases pooling of blood and other fluids in the area, thereby helping to keep the swelling down. The most effective elevation is with the injured part higher than the heart.

SUPPORT the injured part as necessary with taping or some type of functional bracing to guard against re-injury.



Treating Common Injuries

Nose Bleeds: Nose Bleeds can be messy and embarrassing, but usually are not too serious. Should one occur to one of your players, have them sit down and hold their head level. **DO NOT TILT THEIR HEAD BACK.** Apply pressure to the bridge of the nose by having them squeeze with their thumb and index finger for 10 minutes. If it continues to bleed, apply pressure for another 10 minutes. Applying ice can also be helpful. If it continues to bleed, seek medical attention.

Tooth loss: You have one hour to save a tooth. A permanent tooth (you need not get excited about baby teeth) should be placed back where it came from if **NOT** contaminated, but do not touch the root. The blood and saliva will protect it until you reach medical assistance. If you can't replace the tooth, keep it wet. Cold milk is the best option if possible.

Heat Exhaustion: children are more susceptible to heat related illnesses than adults. Make sure you always have water at practices and encourage the players to have plenty of fluids before games and practices. The symptoms of heat exhaustion are headache, nausea, weakness, fatigue, dizziness, cramps, and the skin cool and clammy. When noted, the player should be taken to shade/cooler place; remove or loosen tight clothing, drink small amounts of water continuously; place cool, wet cloth on their forehead; and when better encourage parent to take player home. Do not let player re-enter a game. Heat exhaustion untreated can lead to Heat Stroke, which can be a fatal condition. Again, drinking water before and during the game can prevent this condition.

Sprains and Strains: To prevent muscle-tendon type injuries, Lewiston Little League emphasizes the importance of stretching and warm up before games and practices. The technique of **PRICES** should be applied to treat a sprain or strain.



Treating Serious Injuries

When you note a player is unconscious, has an obvious deformity of a limb, exhibits large immediate swelling or is immediately disabled, proceed with caution. Medical attention may be needed. Remember to use **PRICES**.

When to Call 911

If the injured person is unconscious, call **911** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **911** anyway and request paramedics if the victim:

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.



Accident Reporting Procedures

Any incident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. All such incidents described above require an injury report to be filled out and submitted to the Safety Officer with 24 hours. Any injury/illness which keeps a player out of play for more than one week will require a medical release for that player to be allowed to resume play or practice.

Be sure to have your original medical release forms with the team at all times.

How to make the report – At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident described in detail.
- The preliminary estimation of the extent of any injuries.
- The name, phone number and position of the person reporting the incident.

Medical Claim Forms/Insurance

If a claim needs to be filed, contact the Safety Officer or one of the executive board members to ensure the proper forms are completed. Return the completed forms to the Little League President or Safety Officer for submission to Little League Headquarters. Little League provides coverage for players, coaches and volunteers when injured during Little League games and practices. All claims will be reviewed. There is also a \$50.00 deductible. Little League insurance is secondary to any primary coverage. Claims must be filed with the Lewiston Little League Board of Directors.



FORMS

Game and Practice Safety Check List

All umpires, managers and coaches are responsible for checking field safety conditions before each game.

<u>Field</u>	Yes	No	<u>Catcher's Equipment</u>	Yes	No
Backstop	_____	_____	Shin Guards	_____	_____
Home Plate	_____	_____	Helmet	_____	_____
Bases (secure)	_____	_____	Face Mask	_____	_____
Pitcher's mound	_____	_____	Throat Protector	_____	_____
Batter's Box	-	_____	Catcher's Cup (boys)	-	_____
Grass Surface	_____	_____	Chest Protector	_____	_____
Gopher Holes	_____	_____	Catcher's mitt (boys)	-	_____
Infield Fence	_____	_____			
Outfield Fence	_____	_____	<u>Safety Equipment</u>	Yes	No
Foul Lines marked	_____	_____	First Aid Kit	_____	_____
Warning Track	_____	_____	Accident Report	_____	_____
Fill Dirt Needed	_____	_____	Med. Release Form	_____	_____
			Safety Manual	_____	_____
<u>Dugouts</u>	Yes	No			
Fences	_____	_____	<u>Player's Equipment</u>	Yes	No
Benches	_____	_____	Batting Helmets	_____	_____
Roof	_____	_____	Jewelry Removed	_____	_____
Bat Racks	_____	_____	Bats Inspected	_____	_____
Clean-Up	_____	_____	Shoes Checked	_____	_____
			Athletic Supporter (boys)	_____	_____
<u>Spectator Area</u>	Yes	No			
Bleachers	_____	_____			
Handrails	_____	_____			

Check Off Sheet for Concession Stand

These items must be in compliance BEFORE you begin operation.

- ___ 1. Are your foods, water, ice, etc. obtained from an approved source? No home prepared foods.
- ___ 2. Are your foods covered to protect them from dust, flies and children's fingers?
- ___ 3. Are your foods, paper goods, and ice stored at least six inches off the ground?
- ___ 4. Do you have tongs, paper, gloves, etc. for handling food?
- ___ 5. Are your workers wearing clean clothes and have clean hands and fingernails?
- ___ 6. Have you checked to ensure your sales persons are not ill?
- ___ 7. Do you have proper hand washing facilities (warm water, soap, paper towels)?
- ___ 8. Do you have adequate dishwashing facilities for washing, rinsing, and sanitizing (if applicable)?
- ___ 9. Are there adequate units to maintain cold foods at 45 degrees, and are they equipped with an accurate thermometer?
- ___ 10. Are there adequate hot holding units to maintain the hot foods at 114 degrees or higher?
- ___ 11. Do you have metal-stemmed thermometers?
- ___ 12. Have you made arrangements for proper waste water and refuse disposal?
- ___ 13. No smoking, eating, or drinking inside your food facility.
- ___ 14. Location of concession stand _____
- ___ 15. The consumer provides only single service dishes and utensils for use.
- ___ 16. Wiping clothes used with sanitation solution.
- ___ 17. No preparation or serving of food outside the unit without shielding.
- ___ 18. Make sure "WASH YOUR HANDS BEFORE RETURNING TO WORK" signs are properly displayed.

Print your name: _____ Signature: _____

Date inspected: _____

Little League Medical Release Form



Little League. Baseball and Softball MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____
 Parent (s)/Guardian Name: _____ Relationship: _____
 Parent (s)/Guardian Name: _____ Relationship: _____
 Player's Address: _____ City: _____ State/Country: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____
 Address: _____ City: _____ State/Country: _____
 Hospital Preference: _____
 Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____
 League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
_____	_____	_____
_____	_____	_____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
 Authorized Parent/Guardian Signature _____ Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____
 Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
 Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Incident/Injury Tracking Report

Activities/Reporting A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____
 Field Name/Location: _____ Incident Time: _____
 Injured Person's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Sex: Male Female
 City: _____ State _____ ZIP: _____ Home Phone: () _____
 Parent's Name (If Player): _____ Work Phone: () _____

 Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) Baseball Softball Challenger TAD
 B.) Challenger T-Ball (5-8) Minor (7-12) Major (9-12) Junior (13-14)
 Senior (14-16) Big League (16-18)
 C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
 (If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

A.) On Primary Playing Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____	B.) Adjacent to Playing Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Parking Area C.) Concession Area <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Customer/Bystander	D.) Off Ball Field <input type="checkbox"/> Travel: <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Walking <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____
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Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: (____) _____
 Signature: _____ Date: _____

Little League Baseball Accident Notification Form



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League, International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. *Limited* deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	Age
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()
Were you a witness to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide names and addresses of any known witnesses to the reported accident.		

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
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Little League Claim Instruction Form

Little League, Baseball & Softball CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The NUFI Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardian(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

Parent/Athlete Concussion Information Sheet



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to

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.

the head or body, s/he should be kept 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.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

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 not only does not diminish, but 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*)

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.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

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.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

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.

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, or 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.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date