

**PERMISSION FORM**  
**2017-2018**  
**Young 5s through Grade 8**

*Note: This form requires each parent to sign four times.*



**Trinity Lutheran School**

www.tlsjackson.com | 517.750.2105

Academic Excellence  
Safe & Respectful Place  
Sharing the Love of God

List first and last names of your children:

**FIELD TRIPS**

I give permission for my child(ren) to attend any activity under the supervision of and subject to the jurisdiction of the school or teacher. I understand that I will be notified in advance as to when and where a field trip will be, thereby allowing me to notify the school if I do not wish my child(ren) to participate. I understand that reasonable measures will be taken to safeguard the health and safety of my child(ren) and that I will be notified as soon as possible in case of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT PRIVACY AND USE OF PHOTOGRAPHS**

I understand that photographs may be taken of my child(ren) during school activities for use in the yearbook, which is distributed in the final weeks of the school year. In addition to this limited use: **(Please check the one that applies)**

I give permission for my child(ren)'s picture to be used within the school building, on the school's website and FaceBook page, in the newspaper or other local print media, and in PowerPoint presentations.

I give permission for my child(ren)'s picture to be used, with the following restrictions:

I do not give permission for the school to publish or post pictures of my child(ren).

I understand that I may not post or publish pictures on personal social media sites of any child, other than my own, taken at the school or during a school event without the permission of the school and of that child's parent.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT VOLUNTEERS**

I understand that TLS relies on parents and other adult volunteers to help supervise class activities and to provide transportation in private vehicles for field trips. I also understand that before participating as a volunteer, I must be signed up with the teacher, submit required paperwork (identified in the *Student/Parent Handbook*), and provide a copy of my driver's license or state ID for a background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATHLETICS (grades 4-8)**

In accordance with Public Acts 342 and 343 of 2012, I have reviewed the *Concussion Information Sheet* provided by the school. I understand students participating in after-school athletics must have accident insurance coverage. Here is current information about the policy covering my child(ren). If this information changes, I will inform the school in writing.

Health insurance company \_\_\_\_\_ Policy/group # \_\_\_\_\_

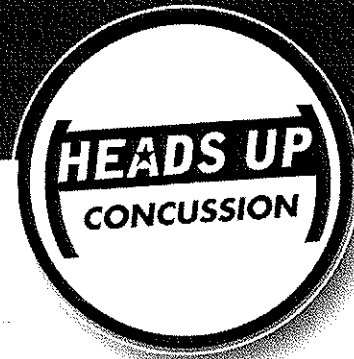
Card holder's name \_\_\_\_\_  Check here if this information is not required

Local physician \_\_\_\_\_ Physician phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ + Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: A technology-use agreement will be distributed for review and signatures during the first week of school.*

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## 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.

## 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.

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveeman, Director

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