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# KELLENBERG MEMORIAL HIGH SCHOOL

1400 Glenn Curtiss Boulevard ♦ Uniondale, New York 11553-3702  
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## Kellenberg Memorial High School Athletic Permission Form 2018-2019

*Please complete the following form for your son/daughter to participate in interscholastic sports.*

We hereby give our son/daughter \_\_\_\_\_  
(Student's Name) (Year of Graduation)

permission to participate in interscholastic sports under the supervision of the Kellenberg Memorial Athletic Department. We will not hold Kellenberg Memorial responsible for any injuries sustained. We indemnify and hold it harmless from any claim or liability asserted by him/her on his/her behalf arising out of his/her participation in such sport.

We do hereby empower any member of the athletic department to authorize emergency medical treatment for our above-mentioned son/daughter in case of injury while engaged in formal athletic activity under the supervision of Kellenberg Memorial High School and we agree to pay for any medical service or medication expended.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Parent Signature)

**PLEASE SEE PAGE 2 FOR THE KMHS CONCUSSION POLICY**

## **KMHS Concussion Policy**

Concussions or mild traumatic brain injuries are a serious concern in any athletic activity and especially in youth sports. In compliance with the New York State “Concussion Management and Awareness Act” the following shall be the concussion policy of Kellenberg Memorial High School:

### **Pre-Concussion Baseline Testing**

All KMHS student-athletes will take part in the IMPACT baseline testing program every two years which will be administered in the KMHS computer lab. This test will provide a pre-concussed baseline cognitive score which can be utilized by healthcare providers in the treatment of a concussion. It will also serve as a tool to evaluate the readiness for concussed student-athletes to resume full participation in athletic activity by their healthcare provider.

### **Concussion / Suspected Concussion**

Any KMHS student-athlete who has suffered, or is suspected of suffering from, or exhibits signs, symptoms or behaviors consistent with a concussion, no matter where the injury occurred will be removed from athletic activity immediately by their coach or moderator and rendered immediate appropriate first aid care. A parent / guardian will be notified immediately for all suspected concussions.

### **Return to Play**

Any student who has been diagnosed with a concussion by a licensed medical provider may not return to full physical activity until:

- 1- He / she has been concussion symptom free for a period of not less than 24 hours from the time of injury and;
- 2- Has been evaluated by a licensed New York State physician, nurse practitioner, or physician’s assistant and has provided the Health Office with written authorization allowing the resumption of full physical activity and;
- 3- Has completed the **Gradual Return to Play Program** administered by the KMHS certified Athletic Trainer.