

**AwanaGames and Sparks-a-Rama  
Concussion Information Sheet**

The Zackery Lystedt Law dealing with concussion and brain injury in youth sports became law in the State of Washington on July 26, 2009. Any child with signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the child especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the child suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescents or teenagers will often under report symptoms of injuries. And concussions are no different. As a result, education of youth leaders, parents and children is the key for safety.

**If you think your child has suffered a concussion**

Any child even suspected of suffering a concussion must be removed from AwanaGames or Sparks-a-Rama immediately. No child may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the child should continue for several hours. The Lystedt Law now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a young athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”

Parents should also inform their child's church Awana leader if you think that your child may have a concussion. Remember that when in doubt, the athlete sits out.

For current and up-to-date information on concussion you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>

**Consent Form for:**

**Sparks-a-Rama or AwanaGames 2010**

\_\_\_\_\_  
Child Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This form must be signed and dated by BOTH child and parent/guardian BEFORE the child can participate in AwanaGames or Sparks-a-Rama.

# Sparks-a-Rama & AwanaGames

## Parental Consent and Release of Liability

Please Print

Name of Child \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Date of Sparks-a-Rama and AwanaGames Event: \_\_\_\_\_

Name of Church Where My Child Attends Awana: \_\_\_\_\_

### Consent to Attend and Participate

I hereby give permission for my child to attend and participate in Sparks-a-Rama and/or AwanaGames.

### Release of Liability

By signing this Parental Consent and Release of Liability, I assume all risks of my child's participation. I fully release the church where my child attends Awana, Awana Clubs International and its directors, employees, volunteers, and representatives from any and all claims or liabilities for personal injury or illness, which may be incurred by my son/daughter while participating in the above named event.

### Consent to Medical Treatment

I authorize permission for medical treatment to be given to my child if necessary in the event of an injury or medical emergency. I release the church where my child attends Awana, Awana Clubs International, its directors, employees, volunteers, and representatives from any and all claims or liabilities.

Signature of Parent or Guardian \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Home Address \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

List any Medical or Food Allergies \_\_\_\_\_

\_\_\_\_\_  
List any Chronic Illness or Other Conditions \_\_\_\_\_