

Ministries to Families

K -8 Academics

Child Development Center

Pre-Kindergarten Program

Welcome to St. Francis Xavier School's K-8 Academics Program. We are pleased that you have chosen Catholic education to support your role as primary educator of your child.

To enroll, the following list of documents and fees are required. The student is not enrolled and cannot attend classes until all requirements have been met. Return your completed packet by mail or drop off at our parish or school office.

If you have further questions, please feel free to contact us at (231) 348-2360.

***** K-8 ACADEMICS PROGRAM ENROLLMENT REQUIREMENTS *****

____ **Registration Form** Return one for each child's student file.

____ **Online Continuous Enrollment** This form needs to be done for each child and this agreement is good for the student's career at St. Francis Xavier School. You can find this form on our website.

____ **Financial Support** It is our desire that every child have the opportunity to receive Catholic education. If your family will need additional financial assistance to meet your tuition commitment see the FACTS website at: **online.factsmgt.com/aid or contact the parish or school office with questions.**

____ **Enrollment Fee** One per family. Non-Refundable. This \$150 fee will be applied to your FACTS online tuition account.

____ **Birth Certificate** A copy of your child's birth certificate can be obtained from the county of his/her birth.

____ **Baptismal Certificate** A copy of your child's certificate if not baptized at St. Francis. Baptismal date _____

____ **Immunization Record** The child who has an immunization record that is not up-to-date according to guidelines established by the Michigan Department of Health may not enter the classroom. If you will need a medical waiver contact your physician. For all other waivers contact the Health Department of Northwest Michigan. Kindergarten entrance boosters are due any time after age 4.

____ **Proof of Residency** A copy of the parent's driver's license, property tax or utility bill can be accepted.

____ **Proof of Guardianship or Custody** Where legal responsibility for care of the child is established through the court, a copy of the document is required.

____ **Health Appraisal**– For Kindergarten entrance only. We encourage you to make an appointment with your child's doctor today as it is unlikely that an August appointment will be available. Take the white appraisal form to the appointment as the back side of the appraisal requires completion and signing by the examining physician. Vision and hearing testing are necessary. The health history section on the front side of the form should be completed and signed by the parent. Attach a copy of the current immunization record. If your child has had the chicken pox disease, include the date your child had the disease on the health appraisal.

____ **Request for Records Release**– For students entering a grade 1-8 only. Please include the complete mailing address, phone and FAX numbers including area code for the school from which your child is transferring.

____ **Information Checklist**- Student Directory, Photo Permission, Field Trips, and Partnership with Petoskey Public Schools.

____ **Computer Use Policy**- code of ethics for computer use at St. Francis School.

____ **Emergency Contact Form**-Return one for each child's student file.

____ **Handbook**-Please read, sign and return last page

____ **Concussion Awareness Acknowledgement Page**



***Return with Registration**

Information Checklist

In order to maintain the accuracy of our school records and to plan for the next school year, please complete this form and return.

Student Directory

Print parent's first and last name: _____

If divorced, please list additional name(s), address and phone to be included in
Directory _____

Please check the information you would like included in the student directory.

_____ address

_____ cell number

_____ email address

_____ please do not include our address, phone number or email. Only display our family name and child(ren).

Even if you have given us your emails in the past, please include it here for verification. Make sure to identify whether an Ao@ is a zero or a letter; if an Al@ is a number or a lower case letter, and print letters and numbers clearly. Thank you.

Email 1: _____

Email 2: _____

Photo Permission

I understand that during the course of school and school sponsored events, students will occasionally be photographed and/or videotaped for various S.F.X. & Catholic Communities of L'Arbre Croche (CCLC parish media), the Diocese of Gaylord, advertising, website, newspaper articles, Auction advertisements, etc. I hereby authorize such activities to take place.

List all children's names who attend St. Francis Xavier School _____

Parent Signature _____ Date _____

Field Trips

Teachers coordinate walking field trips within the city limits (McCune Arts Center, Petoskey Public Library, etc.) to support the classroom curriculum. Field trips that require motorized transportation (car, bus, train) will be arranged by the teacher under the guidelines of the Diocese of Gaylord. For trips requiring motorized transportation, a separate permission slip will be sent home before the event. A parent's signature is required for the student to participate.

Partnership with Petoskey Public Schools

All St. Francis Xavier School Students are also students of Petoskey Public Schools. Petoskey Public Schools provide teachers and curriculum for K-5th music and computers in our building. Our middle school students also have the option to enroll in band classes held at Petoskey Middle School. St. Francis School supports the families of band students by providing busing to and from the Middle School daily according to the S.F.X. calendar. Our students are also able to participate in any Petoskey Middle School sports that SFX does not provide. Please contact the school office if you have any questions.

I understand that my child may be engaged as described above. I agree not to hold St. Francis Xavier School nor any of its employees or volunteers responsible for unfortunate occurrences in these areas other than those caused by gross negligence of the school, its employees, its volunteers or as otherwise provided by law. My signature below acknowledges my understanding and provides permission for my child to be engaged in all listed areas for the time he/she is enrolled at St. Francis Xavier School.

Parent Signature _____ **Date** _____



Registration Form

St. Francis Xavier School
414 Michigan St., Petoskey, MI 49770

Student I.D. # _____

Date of Registration _____

Student Information

Last Name _____ First Name _____ MI _____

Name preferred _____ Gender: Male/Female _____ Grade _____

SSN _____ Birth date _____ Birthplace(city) _____

Home Phone (____) _____ Unlisted? Yes/No _____

Home Address _____

City/State/Zip _____

County of Residence _____

Siblings

Name _____ Birthdate _____ S.F.X. student? Yes/No Grade _____

Name _____ Birthdate _____ S.F.X. student? Yes/No Grade _____

Name _____ Birthdate _____ S.F.X. student? Yes/No Grade _____

Ethnic category: (Please circle one)

Caucasian Hispanic African American Native American Asian Multi-Racial Native
Hawaiian Pacific Islander

Do we have your permission to have your family name, address, phone number and child/children's names listed in the school directory? Yes/No

Family Information

Father/Guardian

Dr./Mr. _____ Please circle one: Married Single Widowed Divorced

Name _____ Home Phone _____

Address _____

City/State/Zip _____

Employer _____ Position _____

Work phone _____ Cell Phone _____

E-mail _____

Responsible for bill? Yes/No

Mother/Guardian

Dr./Mrs./Miss/Ms. _____ Please circle one: Married Single Widowed Divorced

Name _____ Home Phone _____

Address _____

City/State/Zip _____

Employer _____ Position _____

Work phone _____ Cell Phone _____

E-mail _____

Responsible for bill? Yes/No

Family Information (continued)

**Legal Guardian/Joint Custody (if divorced)

Name_____ HomePhone_____

Address_____

City/State/Zip_____

Employer_____ Position_____

Work phone_____ Cell phone_____

E-mail_____

Responsible for Bill? Yes/No Does student reside with you? Yes/No Relationship_____

Parish Information

Religion_____

Parish or Church_____

Dates: Baptism_____ First Eucharist_____ Confirmation_____

Health Information

Doctor_____ Phone_____

Dentist_____ Phone_____

List any medical conditions/allergies the school should be aware of:_____

First DTP Immunization (required for enrollment) _____

School History

Last school attended_____ Date left_____

Address_____ School Phone_____

Principal_____ Has the student repeated a grade? Yes/No If yes, which grade?_____

Has your child ever received any special education services or speech language classes? Yes/No

If yes, what type of services?_____

Counselor/Teacher:_____ Phone_____

Referral Program

How did you hear of our school?_____

If one of our parents referred you, please state his/her name?_____

This family may be eligible to receive a \$200.00 tuition credit per student (up to \$600.00 maximum) for this referral. Please see the referral tuition credit information on your Tuition Payment Policy Form for more details.

Other Required Forms

I have also attached these additional forms:

___ Emergency Contact Form ___ Computer Usage Form ___ Information Checklist

___ St. Francis Xavier School Handbook Acknowledgment Form (In the back of Handbook)

Signature:_____

Date:_____



ST. FRANCIS XAVIER SCHOOL
STUDENT EMERGENCY CONTACT FORM
(one per student)

Child's Legal Name: _____ Birthdate: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Father's Name: _____ Cell phone: _____

Father's employer: _____ Work phone: _____

Mother's Name: _____ Cell phone: _____

Mother's employer: _____ Work phone: _____

Sibling Information:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Emergency Action Contact Plan:
Name & phone numbers in order of contact

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

4. Name _____ Phone _____

In case of a school closing due to inclement weather or unexpected building emergency,
send this child:

_____ home by usual route _____ SFX CDC _____ Parent will pick up

SPECIAL MEDICAL CONSIDERATIONS:

Family Physician: _____ Phone _____

(Include allergies, etc.)

Parent Signature: _____ **Date** _____



St. Francis Xavier Catholic School Computer, Network, and Internet Student and Staff Acceptable Use Policy

Introduction and code of ethics:

St. Francis Xavier Catholic School strongly promotes the use of electronic technologies in the educational process. S.F.X. provides access to information resources in a variety of formats. Together these allow students and staff to access current and relevant resources, provide opportunity to communicate in a technologically rich environment, and become responsible, self-directed life long learners.

The use of technology within S.F.X. is a privilege extended to students, faculty, and community members to enhance learning and exchange information. When using S.F.X. technology, the user must realize that he/she represents the catholic community, and therefore must uphold Christian, ethical and legal requirements. All users must read, understand, sign, and abide by the Acceptable Use Policy. Access privileges may be revoked, school disciplinary action may be taken, and or appropriate legal action for violations that may constitute a criminal offense.

Rights:

All S.F.X. students and staff have the right to make educational use of the following censored resources; Internet access, limited hard drive space on our servers, and access to S.F.X. approved software on the workstations, in a manner consistent with catholic school philosophy.

SFX Staff members and students have e-mail access through the school network. This e-mail is not guaranteed to be private and must conform to the rules established by the Diocese of Gaylord.

Responsibilities:

It is important that users of electronic technologies within S.F.X. represent themselves with ethical, Christian responsibility. As such, the following points are a partial list of unacceptable behavior.

- > Users may not damage or mistreat equipment or facilities under any circumstances.
- > Users must not leave their workstation unattended for any reason and must properly logout at the end of their session
- > Users must make sure that all food and drink are kept away from computer equipment.
- > Users may not intentionally waste computer resources.
- > Users may not transmit any material in violation of any United States or State of Michigan Regulations.
- > Users may not employ the network for personal financial gain or commercial purposes.
- > Users may not violate regulations prescribed by the network administrator.
- > Users may not engage in practices that threaten the integrity of the network (e.g., knowingly download files containing viruses).
- > Users may not engage in personal business that is unrelated to the research being done or the performance of the job
- > Users may not write, use, send, download, or display obscene, threatening, harassing or otherwise offensive messages or pictures, including pornography, violence, or hate sites.
- > Users may not use the equipment for illegal activities, including the violation of copyright laws and software piracy.
- > Users may not load or copy any software or other programs to or from S.F.X. equipment unless permission is explicitly granted by an authorized party (e.g., The network administrator).
- > Users may not use anyone else's password, nor may they share their password with others.
- > Users may not trespass into anyone else's folders, documents, or files.
- > Users may not disclose anyone else's personal information (e.g., address, phone number, or confidential information), including and especially that belonging to students, community members and families, or fellow employees.
- > Users may not use the network, or the internet for unauthorized game playing, unauthorized "chat" or chain letters.
- > Users may not use the network for acts of vandalism against persons or resources including the uploading of viruses.
- > Users may not use another persons computer file, access accounts, and or files without proper authorization.

Privileges: The use of the Internet and related technologies is a privilege, not a right, and inappropriate use may result in cancellation of those privileges.

Administration Professional Code of Ethics Copyright:

It is the policy of the Diocese of Gaylord and S.F.X. that all employees, volunteers, and students will abide by federal copyright laws. Employees, volunteers, and students may copy, print, or non-print material allowed by:

- 1) Copyright Laws
- 2) Fair use guidelines
- 3) Specific license or contractual agreements
- 4) Other types of permission

Policy Enforcement Guidelines:

Depending on the nature and severity of the policy violation, the technology director, or school administrator may take one or more of the following actions:

- 1) Verbal or written warning
- 2) Temporary access denial
- 3) Permanent access denial
- 4) Suspension
- 5) Expulsion
- 6) Legal action

Demonstrated intent to violate policy will be considered the same as actual policy violation. Demonstrated intent means evidence of actions, which if successful or carried out as intended, would result in a policy violation. Evidence of attempted or actual system security, integrity, or performance-related incidents will be cause for immediate access denial.

If warranted, the school administrator will refer the case to Local, State, or Federal authorities for further disposition.

Limitation of Liability:

The Diocese of Gaylord and S.F.X. make no guarantee that the functions or the services provided by or through the school system will be error-free or without defect. The school will not be responsible for any damage suffered, including but not limited to, loss of data or interruptions of service. The school will not be responsible for the accuracy or quality of the information obtained through or stored on the system. The school will not be responsible for financial obligations arising through the unauthorized use of the system. In addition, it is understood that despite reasonable effort at supervision, access control, and filtering, students may inadvertently or otherwise access inappropriate materials.

I accept the provisions of this policy and will abide by them.

Student/Staff (Print name)	Student/Staff (Signature)	Date	Grade Level
Student/Staff (Print name)	Student/Staff (Signature)	Date	Grade Level
Student/Staff (Print name)	Student/Staff (Signature)	Date	Grade Level
Student/Staff (Print name)	Student/Staff (Signature)	Date	Grade Level

I accept the provisions of this policy and permit my child to use the information resources of S.F.X.

Parent/Guardian (Print name)	Parent/Guardian (Signature)	Date
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Please sign and return to the school by: First day of school.

MDHHS-3305, HEALTH APPRAISAL
Michigan Department of Health and Human Services (MDHHS)
(Revised 7-24)

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section 1. Section 4 may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse, dentist, dental therapist, and dental hygienist.

(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION).

SECTION 1 – PERSONAL

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	Today's Date (mm/dd/yy)
Parent/Guardian (Last, First, Middle)	Home/Cell Phone Number
Address (Number, Street, City, Zip Code)	Work Phone Number

SECTION 2 – HEALTH HISTORY

Yes	No	Resolved	Is your child having any of the problems listed below?	Birth History
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Anaphylaxis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does your child take any medication(s) regularly?	If yes, list medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Trouble with Passing Urine or Bowel Movements	If yes, describe

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Dental Problems Date of Last Exam OR Date of Last Assessment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other (describe)	

Reason for Medication

Concussion History

Parent/Guardian Signature

Date

Was the health history reviewed by a health professional?

Examiner's Initials

☐ Yes ☐ No

SECTION 3 - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

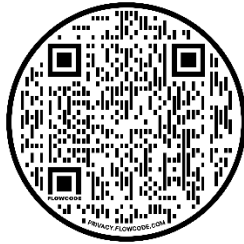
Test and Measurements

Yes	No	Was child test for	Tests and results	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	Vision	Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Date	Muscle Imbalance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/> Audiometer (R= Right, L=Left)			
		Date	<input type="checkbox"/> OAE (R= Right, L=Left)			
			<input type="checkbox"/> Other (R= Right, L=Left)			
<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Microscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blood Lead Level	Level ug/dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Date				

Note: All children in Medicaid need to be tested at 1 and 2 years of age, or once between 3 and 6 years of age if not previously tested. All children, regardless of Medicaid status, should be tested at those same ages if they live in an area where lead risk is high.

<input type="checkbox"/>	<input type="checkbox"/>	Height & Weight	Height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobin/Hematocrit	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete pediatric tuberculosis risk assessment available at:
https://www.michigan.gov/documents/mdhhs/4._MI_Pediatric_TB_Risk_Assessment_661537_7.pdf **OR**
 feel free to use the attached QR code instead of the full link text.



Examinations and/or Inspections	
Essential Findings Deviating from Normal	Exam Date

SECTION 4 – IMMUNIZATIONS
 Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied based on this information.*

Vaccines (Select Type)	Date Administered (mm/dd/yy)		
Hepatitis B (HepB)	1 .	2 .	3 .
	4 .		
DTaP/DTP/DT/Td	1 .	2 .	3 .
	4 .	5 .	6 .
Tdap	1 .		
<i>Haemophilus Influenzae</i> type b (HIB)	1 .	2 .	3 .
	4 .		
Polio (IPV/OPV)	1 .	2 .	3 .
	4 .	5 .	
Pneumococcal Conjugate (PCV)	1 .	2 .	3 .
	4 .		
Rotavirus (RV1/RV5)	1 .	2 .	3 .
Measles, Mumps, Rubella (MMR/MMRV)	1 .	2 .	3 .
Varicella (Chickenpox), (Var, MMRV)	1 .	2 .	
Hepatitis A (HepA)	1 .	2 .	3 .

Influenza (IIV/LAIV)	1 .	2 .	3 .
	4 .		
Meningococcal (MCV4, MenABCWY)	1 .	2 .	3 .
Meningococcal B (Bexsero, Trumenba, MenABCWY)	1 .	2 .	3 .
Human Papillomavirus (HPV)	1 .	2 .	3 .

Additional Vaccines Specify Date & Type

Type of Vaccine(s)	Date of Vaccine(s)
1 .	
2 .	
3 .	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.

***Note:** According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

History of Chickenpox Disease? If yes, date

☐ Yes ☐ No

☐ Parent/Guardian refused recommended immunizations at visit.

I certify that the immunization dates are true to the best of my knowledge

Health Professional Signature Title Date

SECTION 5 - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other actions?

☐ Yes ☐ No

If yes, explain

Should the child's activity be restricted because of any physical defect or illness?

☐ Yes ☐ No

Check all that apply

☐ Classroom
 ☐ Playground
 ☐ Gymnasium
☐ Swimming Pool
 ☐ Competitive Sports
 ☐ Other

If yes, explain degree of restriction(s)

Other Recommendations

SECTION 6 - DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

Child's Name

Type of Service

☐ Dental Exam☐ Dental Assessment

Findings (Check all that apply)

☐ No findings☐ Treated Decay☐ Untreated Decay

Recommendations (Check one)

☐ Routine Care☐ Referral for dental treatment☐ Referral for urgent dental care

Provider Signature

Date

Check one

☐ Dentist☐ Dental Therapist☐ Dental Hygienist

SECTION 7 - PHYSICIAN'S SIGNATURE

Examiner's Name (Print)

Degree or License

Telephone Number

Examiner's Signature

Date

Address

City

State Zip Code
MI

Information required for:

Early On – Hearing and Vision Status; Diagnosis; Health status**Child Care Licensing** – Physical Exam, Restrictions, Immunizations**Head Start/Early Head Start** – Determination that child is up-to-date on a schedule of age-appropriate preventative and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-childcare visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

Some common symptoms

- Headache
- Pressure in the head
- Nausea/vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Hazeiness
- Foggiess
- Grogginess
- Poor concentration
- Memory problems
- Confusion
- "Feeling down"
- Not "feeling right"
- Feeling irritable
- Slow reaction time
- Sleep problems
- Appears dazed and stunned
- Disoriented or confused
- Forgets an instruction

UNDERSTANDING Information for parents and students (Content meets MDCH requirements)

CONCUSSION

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. It can also be caused by the shaking or spinning of the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.

If you suspect a concussion

1. SEEK MEDICAL ATTENTION RIGHT AWAY A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports.

2. KEEP YOUR STUDENT OUT OF PLAY

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

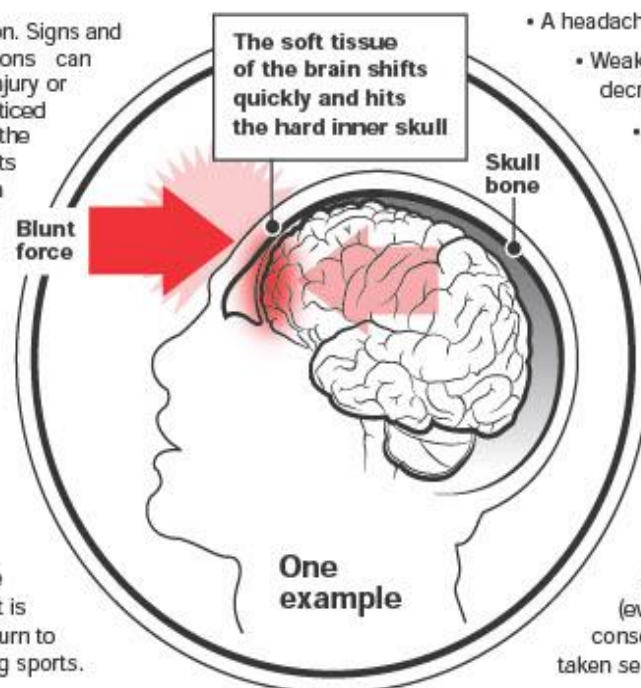
3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION

Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

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. A student 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)



How to respond to a report of a concussion

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

During recovery, 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.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

!!! WHEN IN DOUBT...SIT OUT !!!

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by

School/Parish

Student Name Printed

Parent or Guardian Name Printed

Student Name Signature

Parent or Guardian Signature

Date

Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.

