

**Section 1: Program**


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Name of program: \_\_\_\_\_

Date(s): \_\_\_\_\_

**Section 2: Minor Child Information**


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 Name: \_\_\_\_\_ Name You Use (ex: Nickname, Chosen Name): \_\_\_\_\_  
           First                                Middle                                Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 3: Parent/Legal Guardian/Foster Parent Information**


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 Parent/Legal Guardian/Foster Parent: \_\_\_\_\_  
   First  Middle  Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 4: Medical Information**


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Is the minor child currently being treated by a physician for an injury or illness? Yes or No; if yes, please explain: \_\_\_\_\_

List all medical conditions that should be noted: _____ _____	List all medication that is currently being taken: _____ _____	List all allergies/health conditions/concerns: _____ _____
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Reaction to allergies/conditions/concerns: \_\_\_\_\_

List steps to be taken to accommodate this condition: \_\_\_\_\_

**Section 5: Transportation (pick up and drop off)**


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All Programs must establish a procedure for the pick-up and drop-off of Program Participants, specifying times and locations. The Authorized Adult(s) overseeing the pick-up and drop-off of Program Participants shall remain at the specified location until all minor children have been released.

As the parent/legal guardian/foster parent of the minor child above, I certify that I have received, read, and understand the pick-up/drop-off and transportation procedures provided by the Program. If there are special arrangements that need to be made, I will inform the director of the Program.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Foster Parent      Signature of Parent/Legal Guardian/Foster Parent      Date

## Section 6: Certification

As the parent/legal guardian/foster parent of the minor child above, I hereby certify that the above information is the most up-to-date and correct to the best of my knowledge that I agree to the following as a condition of (Minor child's name) \_\_\_\_\_ participation in Grand Valley State University (GVSU) program or visit and/or related activities.

I give my permission to GVSU, St. Mary's Hospital, Spectrum Health Care System, North Ottawa Community Hospital, Metropolitan Health Care System or other health care providers to provide, seek, obtain, or approve any routine, necessary, or emergency health care during the minor child's involvement in the GVSU programs. I understand that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnosis, treatment or hospital care which may be deemed advisable. I understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize GVSU to release information as necessary for managing program healthcare.

I acknowledge that participation in the camp/activity/visit and/or related activities involves assumed and inherent risk of personal injury. I assume such risk on behalf of the minor child and give my permission to the minor child to participate in all program activities. I release and agree to hold harmless GVSU, its Board of Trustees, students and employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any activity except where the injury or damage is caused by the gross negligence of the university's employees. I understand that the minor child will be subject to the rules and regulations of the GVSU camp/activity/visit and/or related activity. I understand that any person who repeatedly disobeys University policies or procedures will be immediately expelled from the program. GVSU is not responsible for lost or stolen property.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Foster Parent      Signature of Parent/Legal Guardian/Foster Parent      Date

## Section 7: Permission

\_\_\_\_\_ has my permission to participate in \_\_\_\_\_  
(Minor child's Name)      (Program)

## Section 8: Release and Indemnification

I have read this entire Minor Child Program Release Form and agree to release and indemnify the university, I fully understand it and I agree to be legally bound by it.

Minor child's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Foster Parent      Signature of Parent/Legal Guardian/Foster Parent      Date

### (Optional) Release for Advertising, Publicity, and Display Materials

I hereby authorize Grand Valley State University to:

(a) Record my child's likeness and voice on a video, audio, photographic, digital, and electronic or any other medium.

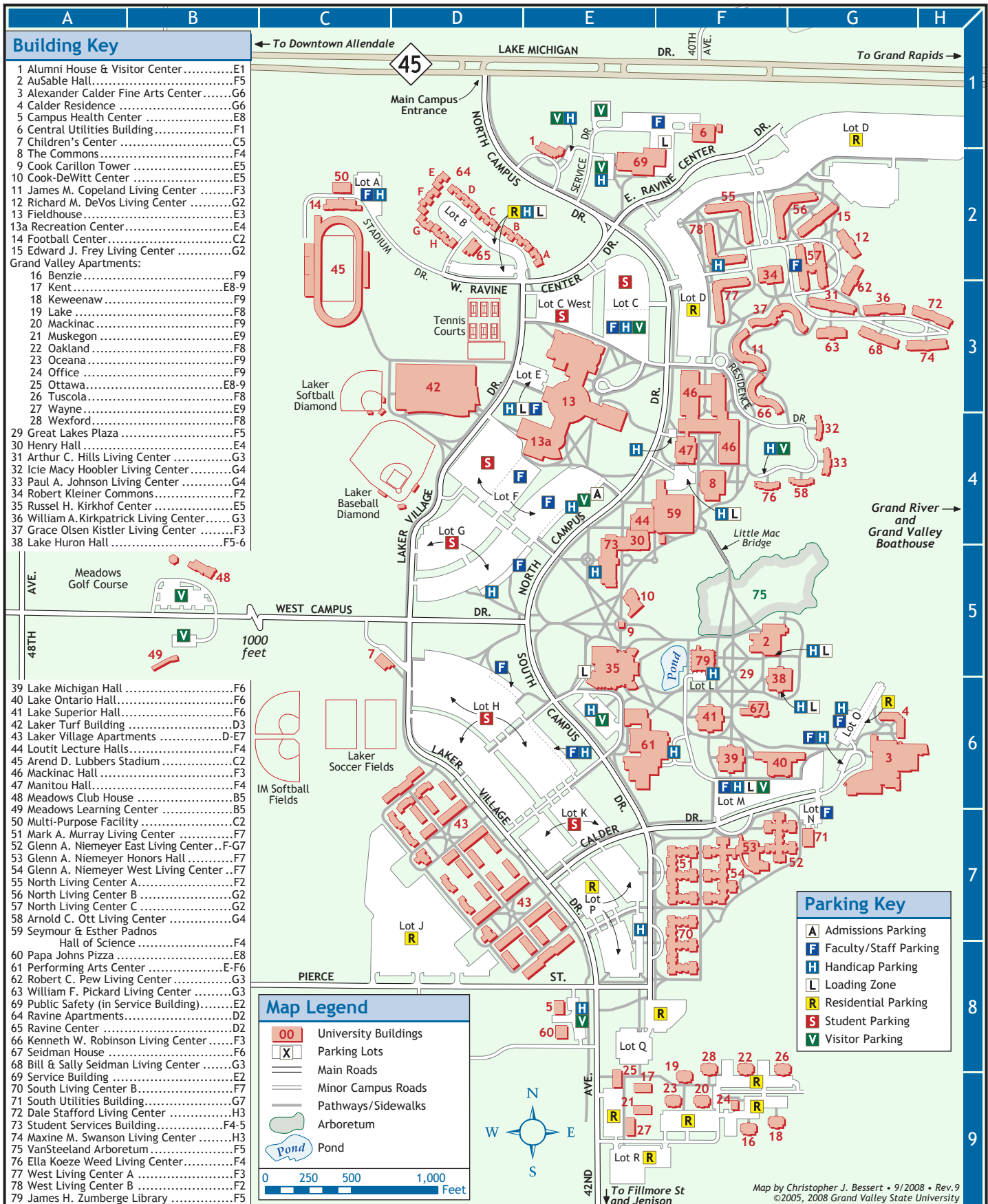
(b) Use my child's name in connection with these recordings.

(c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I give permission to Grand Valley State University to use, without charge and without reservation, my child's likeness in any medium and for any lawful purpose, including promoting the University, its programs and services. I waive any rights of action I may have and release Grand Valley State University and its licensees from any and all claims I may have arising from my child's likeness, including any rights to sue for defamation or violation of my rights of privacy and publicity.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent      Date

\*Refusal to sign this portion of the release form does not impact the minor child's rights to participate.



# 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.

## 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.

## 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

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## 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.

## 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.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

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