Bear Lake School
Student Enrollment Form **School Year 2026-2027**

Student Information

Name: _____ _____ _____
First Middle Last

Sex: ☐ Female ☐ Male ☐ Other

Date of Birth: _____ Enrolling Grade: _____

Mailing address: _____
Street Address

_____ _____ _____
City State Zip Code

Parent Contact Phone Number: _____

Race: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Ethnicity: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Hawaiian or Pacific Islander ☐ White ☐ Other

What language is spoken inside the Student's home? _____

What language did the student first speak? _____

Is the Student in temporary housing? ☐ Yes ☐ No

Is the student a migrant/seasonal student? ☐ Yes ☐ No

Is the student tribal affiliated? ☐ Yes ☐ No

If yes, what is their primary tribal affiliation? _____

Please attach to this form documentation of the Student's required immunizations or a valid immunization waiver.

Within 30 days of enrollment, the District must receive: (1) a copy of the Student's birth certificate; or (2) other reliable proof of the Student's identity and age, and an affidavit explaining the inability to produce a copy of the Student's birth certificate.

Previous School History (if applicable)

Has the Student previously attended school within the District? ☐ Yes ☐ No

If yes, what were the dates of attendance? _____

Name of most recent school attended: _____

Most recent school's address: _____
Street Address

_____ _____ _____
City State Zip Code

Residency Information

_____
Street Address

_____ _____ _____
City State Zip Code

☐ Residence within District Boundaries ☐ Residence not within District Boundaries

District of residence (if non-resident): _____

Proof of Residency (Residents: Please attach copies of 2 of the following documents to this Enrollment Form. Check the documentation you have attached.):

☐ Utility Bill ☐ Lease Agreement ☐ Mortgage

☐ Property Tax Payment ☐ Other: _____

___ Residence is with parent/legal guardian, does not share a living space with another family
___ Residence is with parent/leagal guardian, does share a living space with another family
___ Residence is with parent/legal guardian in a shelter/transition home
___ Residence is with grandparents, friends, etc...

Special Education Information

Does the Student currently receive special education or other support services?	☐ Yes	☐ No
Does your child have an IEP?	☐ Yes	☐ No
Does your child have a 504 Plan?	☐ Yes	☐ No
Does your child have a health plan?	☐ Yes	☐ No

Parent/Guardian Contact Information (This is NOT emergency contact information)

Parent/Guardian 1

Name: _____

_____
Street Address

_____ _____ _____
City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Legal Parent/Guardian? ☐ Yes ☐ No

Custodial Parent/Guardian? ☐ Yes ☐ No

Currently serving in the United States Military? ☐ Yes ☐ No

Receive a separate mailing from Parent/Guardian 2? ☐ Yes ☐ No

Parent/Guardian 2

Name: _____

_____

Street Address City State 49660

_____ _____ _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Legal Parent/Guardian? ☐ Yes ☐ No

Custodial Parent/Guardian? ☐ Yes ☐ No

Currently serving in the United States Military? ☐ Yes ☐ No

Receive Separate Mailing from Parent/Guardian 1? ☐ Yes ☐ No

I certify that the above information is true and accurate to the best of my knowledge. I agree to provide the required immunization documentation, proof of Student identity, and proof of residency in accordance with the requirements established on this Enrollment Form, Board Policy, and State law.

_____ _____

Parent/Guardian Signature Date

If a parent or guardian cannot be reached, please list, in order of priority, who you want the school to contact.

Name: _____ Phone Number: _____ Relationship to Student: _____

Name: _____ Phone Number: _____ Relationship to Student: _____

Preschool Information

Did your child attend a 4-year-old program preschool? ☐ Yes ☐ No

Preschool Name:

☐ Great Beginnings Bear Lake ☐ GSRP Bear Lake ☐ GSRP Four Stars Brethren
☐ GSRP Madison Manistee ☐ Head Start Kaleva ☐ Head Start Manistee
☐ ISD Preschool ☐ Leaps & Bounds Onekama ☐ Manistee Area Public School
☐ MCC ☐ Trinity Lutheran ☐ Out of county preschool
☐ Other

Preschool Type:

☐ GSRP Head Start/GSRP Blend ☐ Head Start ☐ School Tuition ☐ Non Public Tuition ☐ Other

Preschool Day:

☐ Full Day – every day ☐ Half Day – every day ☐ Full Day – 4 days a week
☐ Half Day – 4 days a week ☐ Full Day – less than 4 days a week
☐ Half Day – less than 4 days a week ☐ Other

Repeated 4-year-old program? ☐ Yes ☐ No
Attended only a partial year 4-year-old program? ☐ Yes ☐ No

Did your child attend a 3-year-old program preschool? ☐ Yes ☐ No

Preschool Name:

☐ Great Beginnings Bear Lake ☐ GSRP Bear Lake ☐ GSRP Four Stars Brethren
☐ GSRP Madison Manistee ☐ Head Start Kaleva ☐ Head Start Manistee
☐ ISD Preschool ☐ Leaps & Bounds Onekama ☐ Manistee Area Public School
☐ MCC ☐ Trinity Lutheran ☐ Out of county preschool
☐ Other

Preschool Type:

☐ GSRP Head Start/GSRP Blend ☐ Head Start ☐ School Tuition ☐ Non Public Tuition ☐ Other

Preschool Day:

☐ Full Day – every day ☐ Half Day – every day ☐ Full Day – 4 days a week
☐ Half Day – 4 days a week ☐ Full Day – less than 4 days a week
☐ Half Day – less than 4 days a week ☐ Other

Repeated 3-year-old program? ☐ Yes ☐ No
Attended only a partial year 3-year-old program? ☐ Yes ☐ No

What was your child's primary form of care in the last year? (Check up to 3 relevant choices) If the child was primarily at home during the last year, please check **NO PRIOR CARE**.

_____ **Great Start Readiness Program (GSRP)** (State funded program age 4 by Sept. 1)
_____ **Head Start** (Federally funded programs ages 3 & 4)
_____ **Early Childhood Special Education Classroom** (School based preschool for special needs students with an IEP)
_____ **Young Fives/Developmental Kindergarten** (Plan is for child to attend regular Kindergarten next year)
_____ **Child Care-Home Based** (Operated out of a private home)
_____ **Private Child Care Center** (Commercial business that may be independent or part of a chain)
_____ **Registered Family/Relative Child Care** (Family or relative care provider receiving state assistance to provide care)
_____ **Tuition-Based Preschool** (Full or half day of instruction and learning)
_____ **No Prior Care Program** (Stay at home for care)
_____ **Kindergarten** (Child has been retained for a second year of kindergarten)

/rsm

BEAR LAKE SCHOOLS

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Grade _____

Name	Date of Birth	Sex	Telephone No.
Number & Street	City	State	Zip Code
Mother's Name (Guardian)		Father's Name (Guardian)	
Mother's Employment	Telephone No.	Father's Employment	Telephone No.
Family Physician	Address		Telephone No.
Family Dentist	Address		Telephone No.
Insurance Company		I.D. No.	

Important Medical Information: Please list allergies, known drug reactions, current prescribed medication/treatments, and previous operations or hospital confinements. _____

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized. _____ Date _____

Parent/Guardian

IMPORTANT

To the Students and Parents/Guardians:

This page must be signed by you and your parent or legal guardian and returned to the school.

I, _____, have read the Student Handbook and am familiar with its contents. I understand that I am responsible for being aware of the policies contained in the handbook and failure to do so will not be justification for any violations.

My parent or legal guardian has had an opportunity to become familiar with the contents of this handbook and will so indicate by signing below.

_____
Student Signature

_____
Parent/Guardian Signature

_____
Date

THANK YOU VERY MUCH

The Faculty, Support Staff and Administration of Bear Lake Schools

Bear Lake Schools

2026-2027 Schools of Choice Application

Date of Application: _____

Student Name: _____

Grade Entering in current school year: _____ Date of Birth: _____

School Attended in previous school year _____

School district in which you reside: _____

Parent/Guardian Name(s): _____

Street Address: _____

Phone (home): _____ Alternate phone number(s): _____

Email address: _____

Is a sibling currently attending Bear Lake Schools as a Schools of Choice Student? ☐Yes ☐No

Name(s) and grades of siblings: _____

Has your child ever been expelled from any school district? ☐Yes ☐No

If yes, state the school, date and reason: _____

Has your child ever been suspended from **any** school within the last two (2) years? ☐Yes ☐No

If yes, state the school, date and reason: _____

Has your child ever been convicted of a felony? ☐Yes ☐No

If yes, explain and when: _____

Has your child ever been tested for specialized services? ☐Yes ☐No

Does your child receive specialized assistance in school? ☐Yes ☐No

I give my permission for the release of information to Bear Lake Schools regarding **all** suspensions within the past two (2) years as well as any expulsions involving my child. ☐Yes ☐No

I understand transportation will be the responsibility of the parent/guardian. ☐Yes ☐No

I understand that misrepresenting or withholding information on the application may cause the application to be withdrawn or rejected. ☐Yes ☐No

I understand that Michigan High School Athletic Association (MHSAA) regulations apply to all high school age transfers. ☐Yes ☐No

Student's Name: _____

Reason for Parent(s)/Guardian(s) student to request a transfer to a School of Choice:

_____

_____

*Please note that the following applies to Schools of Choice applications for students who reside in an intermediate school district other than the Manistee Intermediate School District: If your application for schools of choice enrollment is accepted and if your child is eligible for special education programs and services according to statute or rule, or is a child with disabilities, as defined under the individuals with disabilities education act, Title VI of Public Law 91-230, actual enrollment **cannot** occur until Bear Lake Schools reaches a written agreement with the district in which you reside. This agreement will address providing your child with a free appropriate public education and must also include, but is not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil. **If such agreement is not reached, your application will not be accepted.**

By my signature below, I give my permission for the release of discipline information for

_____ **(Student's name), to Bear Lake Schools, and I certify that all of the information contained in this application form is complete and correct. I understand that any incorrect or inaccurate statement, including but not limited to the statement on suspensions and expulsions, will result in either non-admission or no further consideration of this application or if already admitted, immediate suspension and dismissal as a student.**

_____ _____

Parent's/Guardian's Signature (required) **Date (required)**

******OFFICIAL OFFICE USE ONLY******

The student has been ☐ **Accepted** ☐ **Rejected** to participate in the requested Schools of Choice program in the Bear Lake Schools.

Reason for rejection: ☐Suspended within last two years ☐Expelled ☐ Convicted of a felony
☐ 105c Special Education Cooperative Agreement not reached

_____ _____

Superintendent of Schools Signature (required) **Date (required)**

BEAR LAKE SCHOOLS
7748 Cody Street | Bear Lake, MI 49614
(231) 864.3133 | Fax (231) 864.3434

REQUEST FOR EDUCATIONAL RECORDS

FEDERAL STATUTE ENTITLED:

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974

Section 99.34 state in summary that Schools may send a student's educational record to officials to other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.

Records should be sent in compliance with the Freedom of Information Act.

I have read the statement above. Please send the following records of my child:

( ) Educational
( ) Health
( ) Remedial

_____ _____
Student Name Birthdate

_____ _____
Last Grade Attended Date of Request

LAST SCHOOL ATTENDED:

NAME:_____

ADDRESS: _____

CITY, STATE, ZIP: _____

MAIL TO:
Student Records
Bear Lake Schools
7748 Cody Street
Bear Lake, MI 49614

_____ _____
Signature of Parent/Guardian/Eligible Student Date

Requested by:_____

Appendix D: Directory Information and Opt Out Form

5309-F-2 Directory Information and Opt-Out

Student's Name: _____

School:_____Grade: _____

The Family Educational Rights and Privacy Act (FERPA) requires that Bear Lake Schools obtain your written consent prior to the disclosure of personally identifiable information from your child's education records, unless certain conditions specified by FERPA are met. FERPA distinguishes between personally identifiable information and directory information, however, and the District may disclose appropriately designated "directory information" without your written consent, unless you have advised the District to the contrary.

If you *do not* want your student's directory information released for one or more of the purposes listed below, please complete this form and return it to your student's school office by October 1 of the current school year.

If you fail to complete and return this form, the District will presume that you give permission to release your student's directory information for all the uses listed below.

Your Opt-Out request will be recorded in the student information system and kept on file in the school's office for 1 school year.

Directory information includes:

- student names, addresses, and telephone numbers;
- photographs, including photographs and videos depicting a student's participation in school-related activities;
- grade level;
- enrollment status (e.g., full-time or part-time);
- dates of attendance (e.g., 2013-2017);
- participation in officially recognized activities and sports;
- weight and height of athletic team members;
- degrees, honors, and awards received

Please check the boxes next to the purpose(s) for which you *do not grant* the District permission to disclose your student's directory information, below.

Bear Lake Schools *may not* disclose my student's directory information for the following purposes:

a. ☐ student names, addresses, and telephone numbers;

b. ☐ photographs, including photographs and videos depicting a student's participation in school-related activities and classes;

c. ☐ date and place of birth;

d. ☐ major field of study;

e. ☐ grade level;

f. ☐ enrollment status (e.g., full-time or part-time);

g. ☐ dates of attendance (e.g., 2013-2017);

h. ☐ participation in officially recognized activities and sports;

i. ☐ weight and height of athletic team members;

j. ☐ degrees, honors, and awards received; and

k. ☐ the most recent educational agency or institution attended.

The Board further designates District-assigned student email addresses as directory information for the limited purposes of: (1) facilitating the student's participation in and access to online learning platforms and applications; and (2) inclusion in internal school and District email address books.

Information to U.S. Military Recruiters and Institutions of Higher Education Recruiters

Federal law requires the District to release a secondary school student's name, address, and telephone number to U.S. Military recruiters and institutions of higher education upon their request. If you do not want your student's information released for one or both of those purposes, please check one or both of the boxes below:

□ Do not release my student's name, address, or telephone number to U.S. Military recruiters without my prior written consent.

□ Do not release my student's name, address, or telephone number to institutions of higher education recruiters without my prior written consent.

Parent/Guardian/Eligible Student Signature_____ Date _____

Appendix E: Acceptable Use Agreement

I have read this Agreement and agree that as a condition of my child's use of the school's Technology Resources, which include: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems, I release the school and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the school and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse, of the school's Technology Resources.

I have explained the rules listed above to my child.

I authorize the school to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the school's Technology Resources is not private. I consent to having the school monitor and inspect my child's use of the Technology Resources, including any electronic communications that my child sends or receives through the Technology Resources.

I understand that the school does not warrant or guarantee that its Technology Resources will meet any specific requirement or that they will be error free or uninterrupted; nor will the school be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.

I agree that I will not copy, record, or share, or allow my child to copy, record, or share, any information sent to my child via the school's Technology Resources that includes personally identifiable information about any other child including, without limitation, videos, audio, documents, or other records that identify another student by name, voice, or likeness.

I understand and agree that my child will not be able to use the school's Technology Resources until this Agreement has been signed by both my child and me.

I agree that my child will return all Technology Resources to the school in good working order immediately on request and that I am responsible for any damage to the Technology Resources beyond normal wear and tear.

I have read this Agreement and agree to its terms.

Parent/Guardian_____ Signature Date _____

EDUCATION BENEFITS FORM SY 2026 - 2027

District: _____ School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
❑ 1 ⟶	❑ At or below $20,748	❑ Between $20,749 and $29,526	❑ At or above $29,527
❑ 2 ⟶	❑ At or below $28,132	❑ Between $28,133 and $40,034	❑ At or above $40,035
❑ 3 ⟶	❑ At or below $35,516	❑ Between $35,517 and $50,542	❑ At or above $50,543
❑ 4 ⟶	❑ At or below $42,900	❑ Between $42,901 and $61,050	❑ At or above $61,051
❑ 5 ⟶	❑ At or below $50,284	❑ Between $50,285 and $71,558	❑ At or above $71,559
❑ 6 ⟶	❑ At or below $57,668	❑ Between $57,669 and $82,066	❑ At or above $82,067
❑ 7 ⟶	❑ At or below $65,052	❑ Between $65,053 and $92,574	❑ At or above $92,575
❑ 8 ⟶	❑ At or below $72,436	❑ Between $72,437 and $103,082	❑ At or above $103,083

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) (Printed Name) (Date)

(Address) (City) (Zip)

(Email Address) (Home Phone) (Work Phone)

Do NOT fill out this section. This is for school use only.

Status: F _____ R_ _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

Concussion
INFORMATION SHEET

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

CDC

cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

○ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed:_____ Date:_____

Athlete's Signature:_____

○ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed:_____ Date:_____

Parent or Legal Guardian's Signature:_____

Revised January 2019