



2019 Safety Manual

Little League ID #: 0405-29-13

www.littlelakelittleleague.org

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POLICY STATEMENT

The objective of Little Lake Little League (“LLLL”) shall be to implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority, so that they may be well adjusted, stronger, and happier children and will grow up to be good, decent, healthy and trustworthy citizens.

**LITTLE LAKE LITTLE LEAGUE
CONTACT INFORMATION**

Police / Fire / Paramedic Emergency9-1-1

LLLL Safety Officer – Gary Graham(562) 507-0606

PIH Downey Hospital(562) 904-5000

PIH Whittier Hospital(562) 698-0811

2019 LLLL Board of Directors

Position	Name	Email	Cell
President	Chris Ricardo	littlelakepresident@gmail.com	323-513-2302
Vice President	Jill Davies	littlelakevicepresident@gmail.com	562-824-5967
Secretary	Monique Ortiz	littlelakesecretary@gmail.com	562-455-8820
Treasurer	Mark Bauman	littlelaketreasurer@gmail.com	323-806-1237
Coach Coordinator	Douglas Echeverria	littlelakecoachcoord@gmail.com	310-347-5550
Player Agent	Lucy Davies	littlelakeplayeragent@gmail.com	562-805-1326
Field Maintenance	Eligio Diaz	littlelakefieldmain@gmail.com	562-242-4518
Equipment Manager	Gene Gutierrez	littlelakeequip@gmail.com	562-773-4363
Marketing / Public Relations	Yaresley Santana	littlelakesocialmedia@gmail.com	562-922-4032
Safety Officer	Gary Graham	littlelakesafetyofficer@gmail.com	562-507-0606

EMERGENCY SAFETY PROCEDURES

In case of medical emergency:

1. Provide First Aid. **If it's an emergency, call 911.**
2. Notify parents immediately if they are not present. Managers and coaches are required to carry completed, executed sets of Little League Medical Release Forms at all practices and games for each player to ensure medical treatment can be provided when a parent or legal guardian is not present.
3. Make certain that a coach or manager not caring for the injured player separates all other teammates from the scene reassuring them of the care being taken for their friend.
4. Notify the LLLL Safety Officer within 24 hours (preferably sooner) of the incident.
5. You will be asked to completely fill out an Incident/Injury tracking report within 48 hours, to be forwarded to the LLLL President and Safety. Please take filling out this form seriously; it is the only record the League will have of the event and you will need to stand behind it. (see sample page 23)
6. If necessary, for insurance coverage purposes, you may also be asked to fill-out the Little League Accident Notification Form, in consultation with League officials, and your player's guardians. (Copy of Form included on page 24-25). (NOTE: If required, this form is required to be completed and forwarded to National Little League Headquarters in Williamsport, PA within 20 days of the incident).

COMMUNICABLE DISEASE PROCEDURES & PRECAUTIONS

1. Any bleeding must be controlled, the open wound covered and the uniform changed if blood is present before the player may continue to play.
2. Use vinyl or latex gloves to prevent exposure when the possibility of contact with blood or other body fluids is present.
3. Immediately wash hands and other affected skin surfaces if contaminated with blood. Alcohol based hand sanitizer will suffice in the absence of soap and water.
4. Clean all blood contaminated surfaces and equipment with a disinfectant or bleach solution.
5. Managers, coaches and other volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when hauling bloody dressings, mouth guards and other articles containing body fluids.

FIRST AID SUPPLIES

A First Aid is located in the office next to the concessions stand. Annually, all old items are discarded and replaced with new essential First Aid supplies. Inspection tags are attached to all cabinets and initialed/dated by the Safety Officer on a regular schedule as supplies are replenished. All coaches are requested to promptly notify their league Safety Officer should supplies need replenishing.

Managers and coaches are reminded of the AED (Automated External Defibrillator) device that is located in the office next to the snack shack.

Managers and coaches have been informed to report all accidents and incidents promptly.

CONCESSION STAND SAFETY PROCEDURES

The Little Lake Little League has the ability to operate its own concessions stand. All local and state regulations pertaining to food safety and handling are enforced through the City of Norwalk Safety Department and related governing agencies.

- Check all products for spoilage and odor
- Store all items immediately after delivery
- Ensure refrigerators have regulated thermometer
- Maintain clean/sanitized freezer compartment
- Maintain clean sanitized refrigerator compartment
- Maintain refrigerator shelving in good repair
- Confirm grill clean & in good working order
- Maintain clean floors – spills cleaned immediately
- Keep current/approved fire extinguisher in view
- Kids under 15 barred from grill/food prep areas
- Check all packaging for integrity
- Note expiration date for each item
- Ensure canned containers are clean
- Confirm freezer temperature is at least 20 degrees F
- Confirm refrigerator temperature maximum 40 degrees F
- Check all food items correctly stored
- Maintain clean/safe food prep areas
- Dump trash in Park receptacles nightly
- Brief all volunteers on these procedures
- Maintain proper food safety practices

FIELD & EQUIPMENT INSPECTIONS

Little Lake Little League, in concert with the City of Norwalk Parks & Recreation Department completes annual inspections of all of its fields prior to the commencement of the baseball season. Maintenance and care of the fields is provided throughout the baseball season as a part of the contractual agreement between the City of Norwalk and the Little Lake Little League. It is the responsibility of all coaches and umpires to immediately report any hazardous conditions to both the LLLL Safety Officer and Park & Recreation personnel (if present at the field). Minimum requirements of the coaches and umpires include walking the fields prior to all games and practices taking note of any new hazards created by irrigation, weather, general use or vandalism. This shall include inspections of the dugout and bullpen areas.

Our Equipment Director & Safety Officer perform a preseason assessment of all league gear and routinely spot check equipment throughout the season to ensure it is in good repair. Managers, coaches, and umpires are required to check league as well as personal player gear prior to each game.

NOTE: As required by Little League International starting in 2008, all fields have bases that disengage from their anchors. The bases are routinely inspected during games to ensure proper anchoring. Further, "double first bases" are used with added orange safety base, to avoid collisions at first base.

NEW FOR 2018 – USA BASEBALL BAT STANDARD IMPLEMENTED

As of January 1, 2018, the new USA Baseball Bat Standard was implemented. Little League-approved baseball bats that were approved for use for the 2017 season will no longer be acceptable for use in any Little League game or activity as of January 1, 2018. All BPF – 1.15 bats will be prohibited beginning with the 2018 season. What this means for local Little Leagues, and Little League baseball players in the Tee Ball through Junior League Divisions, as well as Little League Challenger Division, is that all Little League-approved bats used during the 2017 or earlier Little League regular season and throughout tournament play, can no longer be used starting in 2018. The new standard will be strictly enforced.

Both the USA Baseball and NCAA bat performance tests are based on the coefficient of restitution from a bat-ball impact. The scale of results is different, however, since they use different test balls and test speeds. The testing difference is necessary to address the various levels of play in the respective age groups. USA 11 Baseball's national member organizations believe that a wood-like performance standard will best provide for the long-term integrity of the game. However, wood is a scarce resource. The new bats will be designed to perform much like wood, where its performance will be limited to the highest performing wood. The bats approved using the USABat Standard for Little League will be made in 2 1/4-, 2 1/2-, and 2 5/8- inch dimensions.

All new bats that bear the USABat licensing mark will be permissible for play in the leagues and tournaments of the participating youth baseball organizations. In Little League, the new bats will be used in the Tee Ball, Minor, Major, Intermediate (50/70), and Junior League Baseball Divisions. For more information on the USABat standard and a complete list of bats approved through the USABat Standard, visit usabat.com.

COMMON SENSE GUIDELINES FOR A SAFE COACHING EXPERIENCE

As a Manager or Coach your role includes:

1. Responsibilities as the first person to see an injury.
2. Parental expectations that your judgment will be reliable when they are not present.
3. Administering First Aid if no health professional is present.
4. Decisions when an injured athlete returns to play or seeks medical attention.

Other Safety Expectations include:

1. Properly planning games and practices under safe conditions.
2. Providing proper instruction.
3. Providing adequate and appropriate equipment.
4. Match player's role and position in terms of age and abilities.
5. Evaluate player for injuries and incapacities:
6. Discuss potential health problems (diabetes, allergies, asthma...) with parents
7. Remove player from game or practice if they are in pain or any discomfort.
8. Closely supervise and control practice and game.
9. Provide appropriate emergency assistance:
10. Know sports first aid.
11. Only use skills you are qualified to administer.
12. Have plan for contacting paramedics 9-1-1 and know directions to field.
13. Know Good Samaritan Law.
14. **HAVE LLLL MEDICAL RELEASE FORMS AT ALL TIMES.**

Game Plan

1. Inspect field for hazards.
2. Inventory first aid supplies in announcer's booth – contact LLLL Safety Officer or LLLL President if items are missing or depleted.
3. Begin with warm-ups and stretching.
4. Inspect for safe equipment - catcher's protection, helmets.
5. Pregame – no bat swinging, no horseplay, "line-of-fire" control.
6. Emergency plan ready (have cell phone, emergency numbers, delegation of responsibilities).
7. Never leave an injured player.

SAFETY CODE

LLLL uses the 2017 National Little League recognized Volunteer Application Form for all Managers, Coaches, and League Officials. All volunteers are initially screened by individuals from the LLLL Board of Directors and are then investigated through a background check for any known record of sexual abuse, criminal behavior, etc. League player registration data along with the coach and manager data is submitted via the Little League Data Center at www.LittleLeague.org.

NOTE: It is the responsibility of all team coaches to obtain three (3) executed, original Medical Release Forms for all players, to be present with the team at all times. The Safety Officer is responsible to check for compliance at the beginning as well as periodically throughout the season. This requirement will be strictly enforced by the LLLL Board of Directors.

- Responsibility for safety resides with all LLLL Board members, managers, coaches and parents.
- Arrangements should be made in advance of all games and practices for emergency medical services. Make sure someone has a cell phone readily available at all games and practices.
- Managers, coaches & umpires should have training in first aid; supplies are at the concessions stand.
- No games or practices when weather conditions make them unsafe.
- No games or practices unless there is adequate lighting.
- Play area should be inspected frequently for holes, damage, glass and other foreign objects.
- Establish a safe procedure for retrieving foul balls out of playing area.
- All players should be alert and watching the batter on each pitch during practice and games.
- Inspect equipment regularly and make sure it is properly sized to the player.
- Catcher must wear catcher's helmet, mask throat protector, shin guards, long model chest protector and protective cup at all times.
- Head first sliding is prohibited except when a runner is returning to base.
- "Horseplay" is not permitted on the playing field at any time.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Catchers must wear helmet and mask with throat protector when warming up pitchers. This applies between innings, in the bullpen and during practices.
- Managers and coaches may not warm up pitchers before or during game.
- Players cannot wear jewelry or metallic objects (Medical ID bracelet/necklace excepted).

LITTLE LEAGUE SAFETY RULES & REGULATIONS

Rule 1.08. The On-Deck Position is Not Permitted

Players are not allowed to hold a bat in the hands until the umpire calls them to bat. At that point, they are permitted to pick up their bat from a controlled area, bat rack, and proceed to home plate to take their position in the batter's box. Players are not allowed to take practice swings in between innings and/or while the pitcher is warming up.

Rule 1.16. Batting Helmet Requirements and Restrictions

Helmets must remain on until the player has returned to the dugout.

Rule 3.09. Coaches & Managers Must Not Warm-Up Pitchers

Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.

Rule 1.17. Catchers must wear helmets during warm-ups and infield/outfield practice

All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield & outfield practice, pitcher warm-ups and games.

Rule 1.10. Bat Restrictions & Guidelines

The bat must be a baseball bat which meets the USA Baseball Bat standard (USABat) as adopted by Little League. It shall be a smooth, rounded stick, and made of wood or of material and color tested and proved acceptable to the USA Baseball Bat standard (USABat).

Beginning with the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the USA Baseball logo signifying that the bat meets the USABat – USA Baseball's Youth Bat Performance Standard. All BPF – 1.15 bats will be prohibited beginning with the 2018 season. Additionally, starting in 2018, the bat diameter shall not exceed $2\frac{5}{8}$ inches for these divisions of play. Additional information is available at LittleLeague.org/batinfo.

Regulation VI – Pitching Restrictions

Pitching activity should be monitored on a regular basis by the Player Agent and Safety Officer.

For nearly a decade, the Little League program has been at the forefront of promoting arm safety for youth pitchers. As we continue to work to make baseball a safe, fun sport for all children, Little League is proudly supporting the efforts of Major League Baseball and USA Baseball through the **Pitch Smart campaign**. After several years of research, Little League launched its pitch count program in 2006. With limits set for different numbers of pitches for different age groups, Little League has been diligent in protecting young arms since establishing strict pitching rules. With many baseball players participating in Little League and other youth baseball programs, it is important for parents and coaches to use the Pitch Smart campaign and the Little League pitch count program to ensure young pitching arms stay safe. Little League strongly encourages all Little League volunteers, parents, and officials to review **PitchSmart.org** and share it with others.

10 HEALTH TIP A YOUTH BASEBALL COACH SHOULD KNOW

If you're a Little League coach there are 10 tips you should know to help keep your players healthy.

1. "The number one tip coaches should remember is that children are not miniature adults and shouldn't be treated as such," says Jim Rogers, a certified athletic trainer in Temple University Hospital's Sports Medicine Center. "This may seem obvious, but many adults don't realize children's bodies can't take the same amount of physical stress adult bodies can take. That's because children are still growing and therefore are more susceptible to injury."
2. Stretching the muscles related to the activity is very important. For example, if a child is pitching, he should concentrate on stretching his arm and back muscles. If a child is catching, the focus should be on the legs and back.
3. A good warm-up is just as important as stretching. A warm-up can involve light calisthenics or a short jog. This helps raise the core body temperature and prepares all of the body's muscles for physical activity.
4. Children should not be encouraged to "play through the pain." Pain is a warning sign of injury. Ignoring it can lead to greater injury.
5. Swelling with pain and limitation of motion are two signs that are especially present in children. Don't ignore them. This can mean the child has a more serious injury than first suspected.
6. Rest is by far the most powerful therapy in youth sports injury. Nothing helps an injury to heal faster than rest.
7. Children who play on more than one team are especially at risk for overuse injuries. Overuse injuries are caused by repetitive stress put on the same part of the body over and over again.
8. Injuries that look like sprains in adults can be fractures in children. Children are more susceptible to fractures, because their bones are still growing.
9. Children's growth spurts can make for increased risk of injury. A particularly sensitive area in a child's body during a growth spurt is the Growth Plate – the area of growth in the bone. Growth Plates are weak spots in a child's body and can be the source of injury if the child is pushed beyond his limit athletically.
10. Ice is a universal first-aid treatment for minor sports injuries. Regular ice packs as well as high-quality chemical packs – should be available at all games and practices. Ice controls the pain and swelling caused by common injuries such as sprains, strains and contusions.

CODE(S) OF CONDUCT

The purposes of Little League are "to assist youth in developing qualities of citizenship, discipline, teamwork and physical well-being, with proper guidance and exemplary leadership." The Little Lake Little League ("LLLL") has instituted this Code of Conduct to ensure that the behavior and conduct of all participants in LLLL activities are consistent with and further these purposes.

Players, managers, coaches, parents, league officials, umpires, scorekeepers, announcers and spectators all share in the responsibility to display proper behavior at all times. Unsportsmanlike conduct or disrespect for the game, league officials, opposing coaches and teams, the umpires and game officials, the scorekeepers and the spectators will not be tolerated in LLLL during any of its activities.

The President of the LLLL or the Board of Directors may take disciplinary action against any participant in the league, including players, coaches, parents, umpires, league officials, and spectators, whose conduct is detrimental to the operation and purpose of the LLLL. While this Code of Conduct enumerates certain conduct that would result in automatic disciplinary action, it is not exhaustive and other conduct not specifically identified in this Code could also result in disciplinary action.

Disciplinary action includes reprimands, game ejections, suspensions, or expulsion from the league.

Player Code of Conduct

The following is the Code of Conduct players are obligated to follow in LLLL, or at any LLLL activities (such as tournaments or games played at other Little Leagues). Violation of any rule may result in ejection, reprimand, suspension and/or expulsion from the LLLL.

The use of tobacco, alcohol or illegal drugs anywhere on or in the vicinity of the playing fields is strictly prohibited. Violation of this rule will result in immediate expulsion from the league.

The following behavior will result in immediate ejection from the game or LLLL activity, a mandatory one---game suspension from the player's next regularly scheduled game, and such other action as the LLLL deems appropriate:

- arguing with umpires or other game officials;
- engaging in offensive behavior;
- trash-talking to opponents;
- unsportsmanlike conduct;
- abusive, harmful or unwarranted disruptions to the game;
- throwing bats, helmets, gloves, or other equipment in anger;
- using profane, obscene or vulgar language;
- verbal disrespect directed towards an umpire, game official, league official, another player, manager, coach or spectator.

There shall be no fighting whatsoever at any LLLL activity. Any player who either suggests or threatens to fight, or initiates and/or participates in a fight before or during a game, or touches or threatens to touch anyone else in a violent or offensive manner, shall be immediately ejected from the game and suspended from the next three games. If the incident occurs after the completion of a game or at any other LLLL activity, that player(s) shall be suspended from the next four games.

It shall be mandatory for all players at the completion of their game to participate in a post-game cheer and handshake ceremony on the field of play. In addition, all players must thank the umpiring crew and any other game officials present. Any player not participating (with the exception of injury) shall be suspended from the following game and will be subject to further suspension at the discretion of the President of the LLLL or the LLLL Board of Directors.

Players who are ejected from a game twice in any season shall be subject to a mandatory suspension for the remainder of the season. The player will automatically lose their eligibility to participate in any post-season tournaments. In addition, the player shall be subject to a permanent ban from the LLLL at the discretion of the LLLL.

A player ejected from a game may be allowed to remain in the dugout or asked to leave the proximity of the playing field at the discretion of the umpire.

The suspensions will begin immediately upon notification to the offending party by the President of the LLLL and take effect before the next scheduled game of the offending player

Manager and Coach Code of Conduct

The following is the Code of Conduct all managers, coaches and other adult volunteers are obligated to follow in the LLLL, or at any LLLL activity (such as tournaments or games played in other Little Leagues). Violation of any rule may result in ejection, reprimand, suspension and/or expulsion.

The use of tobacco, alcohol or illegal drugs anywhere on or in the vicinity of the playing fields is strictly prohibited. Violation of this rule will result in immediate expulsion from the league.

The following behavior will result in immediate ejection from the game or LLLL---approved activity, a mandatory two---game suspension from the next regularly scheduled game and such other action as the LLLL deems appropriate:

- arguing with umpires or other game officials;
- engaging in offensive behavior;
- trash-talking to opponents;
- unsportsmanlike conduct;
- abusive, harmful or unwarranted disruptions to the game;
- throwing bats, helmets, gloves, or other equipment in anger;
- using profane, obscene or vulgar language;
- verbal disrespect directed towards an umpire, game official, league official, player, manager, coach or spectator.

Managers and coaches shall never threaten to or physically harm or abuse any player, umpire, game official, league official or spectator at any time for any reason. This type of behavior will result in immediate dismissal from the LLLL for the remainder of the season and subject that individual to a permanent ban from the LLLL.

It shall be mandatory for all managers and coaches at the completion of their game to participate in a post-game cheer and handshake ceremony with the opposing team on the field of play. In addition, all managers and coaches must thank the umpiring crew and any other game officials present. Any manager or coach not participating shall be suspended for the following two regularly scheduled games and be subject to further suspension at the discretion of the President or Board of Directors of the LLLL.

Any manager or coach who deliberately circumvents any of the LLLL rules or regulations, especially the mandatory playing rules, is subject to suspension or expulsion from the LLLL. The President or Board of Directors of the LLLL has the right and discretion to suspend any manager, coach, or player for any part of or for the entire season for any conduct violation which results in an ejection or is deemed by the Board of Directors to be detrimental to the operation and purpose of the Little Lake Little League.

Managers and coaches who are ejected from a game twice in any season are subject to a mandatory suspension for the remainder of the season. This individual will automatically lose their eligibility to participate in any post-season tournaments. In addition, the manager and/or coach shall be subject to a permanent expulsion from the LLLL at the discretions of the Board of Directors.

A manager or coach ejected from a game will not be allowed to remain in the dugout or the spectator area and must immediately vacate the proximity of the baseball field. Failure to do so in a timely manner without further argument or delay may result in forfeiture of the game.

The President of the LLLL shall promptly report the suspension of any player to the Board of Directors, although there is no right to appeal of any discipline instituted under this provision. The suspensions will begin immediately upon notification to the offending party by the President of the LLLL and take effect before the next scheduled game of the offending player.

Spectator Code of Conduct

The following is the Code of Conduct all spectators are obligated to follow in the LLLL, or at any LLLL activity (such as tournaments or games played in other Little Leagues). Violation of any rule may result in disciplinary action.

Spectators shall not incite or participate in any form of unsportsmanlike conduct in LLLL or at any LLLL activity. Spectators shall not use abusive or profane language or gestures at any time at any game or other LLLL activity. Spectators shall not criticize, belittle, antagonize, berate or otherwise incite any players, managers, coaches, adult volunteers, umpires, league officials or other spectators by word of mouth or by gesture. Spectators shall accept all decisions of the umpires and game officials as being fair and judged to the best of their ability.

Any spectator exhibiting unsportsmanlike conduct, disruptive, profane, rude and/or abusive behavior towards any player, manager, coach, umpire, game official, league official or other spectator shall be subject to removal from the spectator area and the immediate vicinity of the game by an umpire or league official. Any spectator who fails to comply with this request in a timely manner, without further argument or delay, may subject the team to which they are affiliated to forfeiture of the game and must be reported to the Board of Directors.

The President or Board of Directors of the LLLL shall be empowered to suspend any spectator from attending any LLLL games or other LLLL approved events for engaging in conduct detrimental to the operation and purpose of the LLLL.

UMPIRE GUIDELINES

Before the Game – Meet at Home Plate

- Introduce plate and base umpires, managers, coaches
- Receive official lineup card from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the inning pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head---first slides, no on-deck circle rules
- Get two (2) game balls from Home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts tucked-in, caps on)
- Inspect equipment for damage and to meet regulations
- Ensure the games start promptly

During the Game – Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two (2) outs
- Make sure catchers are wearing the proper safety equipment
- Continually to monitor the field for safety and playability
- Pitchers warming up in foul territory must have a "spotter" and catcher with full equipment
- Keep game moving – one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signaling each properly
- Umpires should be in the position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think "Safety First!"



Little League Baseball and Softball MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

For Local League Use Only

Activities/Reporting

**A Safety Awareness Program's
Incident/Injury Tracking Report**

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field Base Path: Running or Sliding Hit by Ball: Pitched or Thrown or Batted Collision with: Player or Structure Grounds Defect Other: _____
B.) Adjacent to Playing Field Seating Area Parking Area Concession Area Volunteer Worker Customer/Bystander
D.) Off Ball Field Travel: Car or Bike or Walking League Activity Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____



**LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS**

Send Completed Form To:
Little League, International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. *Limited* deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant	SSN	PART 1 Date of Birth (MM/DD/YY)	Age Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor	Home Phone (Inc. Area Code) () ()		Bus. Phone (Inc. Area Code) () ()
Address of Claimant	Address of Parent/Guardian, if different		

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident: _____ Time of Accident: AM PM
Type of Injury: _____

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official	Position in League	
Address of League Official	Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()	

Were you a witness to the accident? Yes No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

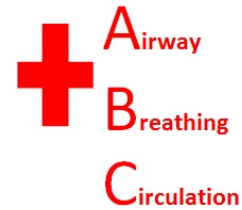
I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
------	---------------------------

FIRST AID BASICS – COMMON INJURIES

A. Maintain Life Support – Know CPR “ABC’s” of Life

Airway **B**reathing **C**irculation



B. Bleeding

1. First Aid:

- Cover wound with sterile gauze.
- Apply direct pressure.
- Elevate injured body part if possible.
- Send for medical assistance if bleeding is deemed uncontrollable.

C. Unconscious Athlete

1. Do Not Move / Always assume head or neck injury is present.
2. First Aid.
 - Send for emergency assistance (call 9-1-1).
 - Stabilize neck and head.
 - Monitor airway, breathing, circulation and provide CPR if necessary.

D. Head Injuries

1. Caused by direct impact to head or jaw.
2. Symptoms:
 - Dizziness, ringing in ears, headache, nausea, blurred vision and slurred speech, loss of balance, confusion, memory loss, disorientation.
 - Pupils unequal in size and not constricted when subjected to light.
3. First Aid:
 - If any of the symptoms persist, call for medical assistance.
 - Remove athlete from game or practice.
 - **Return to sport requires physician’s release.**

E. Heat Stroke

1. Cause – lack of consuming adequate fluids before, during and after activities.
2. Symptoms – fatigue, flushed skin, light-headedness.
3. First Aid – Have player stop exercising, get out of sun, drink water.
4. Severe Symptoms – Muscle spasm, clumsiness, delirium, follow above First Aid and call for medical assistance.

NOTE: Suggested drinking guidelines for hot day activities

- ✓ Before: Drink 8 ounces immediately before exercise.
- ✓ During: Drink at least 4 ounces every 20 minutes.
- ✓ After: Drink 16 ounces for every pound of weight loss.

F. Knocked Out Permanent Teeth

1. Rule out possible head injury or concussion.
2. Treat head injury or concussion first.
3. Place wet gauze over the tooth socket and have the athlete bite down and put pressure on the affected area to control bleeding.
4. Find the tooth. Do not touch or handle the root. Handle crown portion only and place in best transportation option available – cold milk / saline solution / athlete’s mouth, saliva.
5. See a dentist without delay (<30 minutes).
6. Consider custom made mouth guard worn during athletic participation.

Pre-existing Health Conditions – Know Your Players!

G. Asthma

1. Causes – allergy, cold temperatures, strenuous exercise.
2. Symptoms – Tightness in chest, wheezing, trouble exhaling, inability to breath.
3. First Aid – Reassure and comfort player. Ask, “Do you have your asthma medication? assist with medication, monitor for improvement and send for assistance if not improving.
4. Begin administering CPR if necessary.
5. Be aware of athletes who have asthma:
 - Remind them to bring medication with them at all times
 - Provide frequent rest breaks

H. Diabetes

1. Definition – Low blood sugar (hypoglycemic).
2. Know which athletes are diabetic.
3. Symptoms – Dizziness, headache, hunger, weakness, perspiration, pale cold skin, rapid pulse, confusion, disorientation which may lead to unconsciousness.
4. Frist Aid – Give complex carbohydrates, crackers, fruits, sugar, candy, soda or fruit juice.
5. Send for emergency medical help if athlete does not recover within minutes.

I. Food and Other Allergies

1. Coaches should make a point to be aware of any players who have potentially life-threatening allergies before the first day of practice.
2. All players who have a prescribed "Epi Pen" should notify their coach and make certain it is carried with the player at all times.
3. Team Administrator should know of any player with food allergies (i.e., peanuts) prior to the start of the season so as to alert parents to provide "safe" snacks.

NOTE: In summary to the above-mentioned pre-existing health conditions, coaches should be made aware of any potential health issues that could put a child at risk and should be prepared to notice the warning signs / signs of distress as well as be knowledgeable of the protocols for addressing the event.

CONCUSSION Information Sheet



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.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

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' health care 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.

Revised 5/2015

Discuss the risks of concussion and other serious brain injury 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 injury.

- 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 Name Printed: _____ Date: _____
Athlete 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 Name Printed: _____ Date: _____
Parent or Legal Guardian Signature: _____

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 health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care 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 health care 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 health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.