TO: All WIAA Member Schools
FROM: Wade Labecki, Deputy Director
RE: Catastrophic Injury and Fatality Reporting Forms
DATE: July 2010

As you may be aware, Dr. Fred Mueller at the University of North Carolina has conducted a continuing research project tracking catastrophic injuries in all sports since 1982 and in football specifically since 1977. The NCAA and the American College Football Coaches Association currently fund this project and the NFHS provides cooperation for data collection at the high school level.

In order to assist in collecting data for this research, the NFHS has requested that all member schools contact the WIAA office whenever you are aware of a catastrophic athletic injury or fatality (including cheerleading) occurring within your school or community. Catastrophic injuries are listed as follows:

1. Fatalities
2. Permanent disability injuries.
3. Serious injuries (fractured neck or serious head injury) even though the athlete has a full recovery.
4. Temporary or transient paralysis (athlete has no movement for a short time, but has a complete recovery).

Many important decisions (rules changes, equipment changes, insurance rates, etc.) are based on this data and it is essential that accurate information be collected. Excellent examples are the swimming and diving and pole vault rules changes that have been implemented due to the catastrophic injury reports.

In collecting the data, parents and the athlete (if over 18) will be asked to sign a consent form and permission slip in order for information about the injury or fatality to be shared. An explanatory letter from Dr. Mueller describing the research project accompanies the consent forms. We need your help at the school level in contacting the families involved and obtaining information regarding the nature of the injury from the coach or athletic trainer. To this end, we have placed the necessary forms on our website, located under Forms for Download.

Names of student, school and state are not used in making reports. We understand that though it may be a difficult process to complete the forms, the information is very valuable and your efforts to help are appreciated. Please notify the WIAA as you learn of catastrophic athletic injuries within your school and community and complete the available forms. Once the information is obtained, you may return them to the WIAA office or directly to Dr. Mueller at the address indicated on the report.

We hope you are willing to assist in this important research.

hl
April 20005

Dear Parent:

I am very sorry to have to contact you under these circumstances and hope you will forgive this intrusion of your privacy.

The National Center for Catastrophic Sports Injury Research located at the University of North Carolina at Chapel Hill is conducting a study titled Catastrophic Sports Injury Research. The purpose of the research is to collect background data (age, height, weight, playing experience, previous injury experience, etc.) for high school and college athletes receiving a catastrophic injury. The research is being conducted with the assistance of the National Federation of State High School Associations and the National Collegiate Athletic Association. The athletic trainer or coach will be the person collecting the data.

There are no risks involved and we will not let anyone know the name or identities of your family or your son/daughter, and no names will appear on any reports about this study. Participation in this study is voluntary, however, your participation is important in collecting accurate data that will help reduce catastrophic injuries to athletes in high schools and colleges across the nation.

Please sign and date the attached permission slip, if applicable, which gives your son/daughter permission to release the information requested. Keep the letter for your files and have your athlete return the permission slip to his/her coach or certified athletic trainer. You may contact the University of North Carolina Academic Affairs Institutional Review Board at the following address and telephone number at anytime during the study should you feel your rights have been violated: David Eckerman, Chair, Academic Affairs Institutional Review Board, CB 4100, 201 Bynum Hall, Chapel Hill, NC 27599-4100 - Telephone Number 919-962-7761. Email - aa-irb@unc.edu Thank you for your help.

Sincerely,

[Signature]

Frederick O. Mueller, Ph.D.
Director

CB# 8700, 209 Fetzer Gym, Chapel Hill, NC 27599-8700, (919) 962-5171, FAX (919) 962-0489
PERMISSION SLIP

I understand the explanation about this study and am willing to have my son/daughter participate.

Name: ____________________________  Date: ________________

Son/Daughter Name: ____________________________

I give the research team physicians permission to collect medical data concerning the sport injury.

Parent/Guardian: ____________________________  Date: __________

Your relationship to the athlete is: ____________________________
April 2005

Dear Athlete:

The purpose of the study is to collect data on student-athletes whom experience a catastrophic injury while participating in high school/collegiate sports. The research hopefully will provide information to assist in the management of or reduction in injuries to young men and women involved in athletics.

The information, which you provide, will be confidential. The published data will not include names of individuals, schools or states. While participation in this study is voluntary, your participation is important in collecting accurate data, which will help in formulating policies, regulations or equipment to help reduce catastrophic injuries across the nation.

The research is being conducted with the assistance of the NFHS and the NCAA. We will work through the athletic trainer or school/institution administrator to collect the data.

If you are under age 18, your parent must sign the permission slip so that you can participate in the study. If you are 18 or older, you should sign the permission slip yourself and return it to the school athletic trainer or coach.

You may contact the University of North Carolina Academic Affairs Institutional Review Board at the following address and telephone number if at any time during the study should you feel that your rights have been violated: David Eckerman, Chair, Academic Affairs Institutional Review Board, CB 4100, 201 Bynum Hall, Chapel Hill, NC 27599-4100. Telephone Number - 919-962-7761. Email: aa-irb@unc.edu

Sincerely,

Frederick O. Mueller, Ph.D.
Director
PERMISSION SLIP

I understand the explanation about this study and am willing to have my son/daughter participate.

Name:__________________________ Date:________________

Son/Daughter Name:____________________________________

I give the research team physicians permission to collect medical data concerning the sport injury.

Parent/Guardian:________________________Date:___________

Your relationship to the athlete is:________________________
FOOTBALL CATASTROPHIC INJURIES AND FATALITIES
(Football Only)

American Football Coaches Association, National Collegiate Athletic Association
and National Federation of State High School Associations

TO BE COMPLETED BY COACH OR CERTIFIED ATHLETIC TRAINER

I. **Athletic Information**

School ____________________________

School Address ________________ Phone ( ) ________

City ____________________________ State _____ Zip __________

Date Injured __________ Date Reported __________ Date of Death ________

(If Applicable)

Grade _____ Height _____

Age _____ Weight _____

II. **Medical Information**

Medical Exam Before Season: Yes ___ No ___

Body Part Injured: __________________________

Type of Injury: __________________________

Paralysis or Disability (explain): __________________________

________________________________________________________________________

________________________________________________________________________

Physician’s Name: __________________________

Street: __________________________ Phone: ( ) ____________

City: __________________________ State: _____ Zip: _____

Hospital Address: __________________________

Phone: ( ) ____________

Autopsy Report Available: Yes ___ No ___
III. Football Information

Game: ____________ Practice: ____________ Other: ____________

Describe Accident (Be Specific): __________________________________________

Field Type: Natural Grass ____ Artificial ____

Athlete’s Position Played at Time of Accident: ____________________________

Varsity ____ Junior Varsity ____

Quarter Injured: 1 ____ 2 ____ 3 ____ 4 ____

Head Position During Contact: Up ____ Down ____ Other ____ Unknown ____

Part of Head or Helmet Where Initial Contact Was Made:

Front ____ Top ____ Back ____ Right Side ____ Left Side ____

Where Did Helmet Make Contact:

Opponents Body Part ____ Ground ____ Other ____

Is Film Clip Available?: Yes ____ No ____

IV. Football Helmet Information (For All Head and Neck Injuries)

Mfg. ___________________________ Model _____________________________

Old ____ New ____ Reconditioned ____

NOCSAE Approved: Yes ____ No ____

V. Person To Contact

Name: ________________________________________________________________

Address: __________________________________________ Phone: ( ) __________

City: __________________________ State: _____ Zip: ____________

Please Return to: Frederick O. Mueller, Chairman

CB# 8700, 209 Fletzer Gym

University of North Carolina at Chapel Hill

Chapel Hill, NC 27599-8700
CATASTROPHIC SPORTS INJURIES AND FATALITIES
(NON-FOOTBALL)

American Football Coaches Association, National Collegiate Athletic
Association and National Federation of State High School Associations

TO BE COMPLETED BY COACH OR CERTIFIED ATHLETIC TRAINER

I. **Athletic Information**

School ____________________________

School Address ____________________________ Phone ( ) ____________

City ____________________________ State _____ Zip ____________

Date Injured _______ Date Reported _______ Date of Death _______

(If Applicable)

Grade _____ Height _____

Age _____ Weight _____

II. **Medical Information**

Medical Exam Before Season: Yes ___ No ___

Body Part Injured: _______________________________________________

Type of Injury: ________________________________________________

Paralysis or Disability (explain): __________________________________________________________

____________________________________________________________

Physician’s Name: ______________________________________________

Street: ____________________________ Phone: ( ) ________________

City: ____________________________ State: _____ Zip: _____

Hospital Address: ______________________________________________

Phone: ( ) ________________

Autopsy Report Available: Yes _____ No _____
III. Activity Information

Sport: ____________________________

Game: _____ Practice: _____ Other: _____

Describe Accident (Be Specific): ____________________________________________

________________________________________________________

Field Surface:
Natural Grass: _____ Artificial: _____ Other: _____

Athlete’s Position Played at Time of Accident: _____________________________

Varsity _____ Junior Varsity _____

Other Contributing Factors to Injury: _______________________________________

________________________________________________________

Is Film Clip Available? Yes ____ No ____

IV. Equipment

Was Equipment Involved in Accident? Yes ____ No ____

If Yes, Answer the Following:

Type of Equipment: ______________________________________________________

Mfg.: __________________________ Model: ______________________________

Condition: New _____ Old _____ Reconditioned ____

V. Person To Contact

Name: ________________________________

Address: ____________________________ Phone: ( ) ______________________

City: ____________________________ State: _____ Zip: ____________

Please Return to: Frederick O. Mueller, Chairman
CB# 8700, 209 Fetzer Gym
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-8700