

Evanston Township High School: Athletic Training Protocol and Procedures for Management of Concussion

The management of sports-related concussions continues to evolve as more research and knowledge is acquired in this field of medicine. The ETHS Sports Medicine staff would like to provide a safe return to cognitive and physical activity for all student-athletes after injury, particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that concussed athletes are identified, treated and referred appropriately based on current knowledge and evidenced-based standards of care. The process should ensure that all students receive appropriate care during the school day (including academic assistance if necessary) and are fully recovered prior to returning to physical activity. We have included required education about concussions for athletic department staff and other school personnel that interface with student-athletes. This protocol outlines procedures for staff to follow in managing head injuries, and outlines school policy as it pertains to return to play issues after concussion

This protocol will be reviewed on a yearly basis, by the ETHS medical staff. Any changes or modifications will be reviewed and given to athletic department staff and appropriate school personnel in writing.

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I. Definition of concussion (mTBI): A **concussion** (or mild traumatic brain injury) is a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head

A. Common signs and symptoms of sports-related concussion

1. Signs (observed by others):

- Student appears dazed or stunned
- Confusion (about assignment, plays, etc.)
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

2. Symptoms possibly reported by student (not a complete list):

- Headache
- Excessive fatigue (out of proportion to activity)
- Nausea or vomiting
- Double vision/blurry vision
- Hypersensitive to light or noise
- Feels sluggish or “foggy”
- Problems concentrating
- Problems remembering

3. These signs and symptoms are indicative of possible concussion. Other causes for symptoms should also be considered.

II. Management and Referral Guidelines for All Staff

A. Guidelines for Management of Sports-Related Concussion

1. Any student with a witnessed loss of consciousness (LOC) of any duration should be evaluated on the field by a physician if one is present (football games). If a neck injury or more significant head trauma is suspected, the student will be spine boarded and transported immediately to nearest emergency department via ambulance. Any situation (including mental status change, neuro deficits, etc) that causes concern should prompt transport for further evaluation.
2. If an MD is not present and the ATC is unable to contact one immediately, the ATC should evaluate the student for neck injury and spine board if indicated. Transport to the ER via EMS should be arranged if serious injury is suspected.
3. Any student who has symptoms of a concussion and who is not stable (i.e., condition is changing or deteriorating), should be transported immediately to the nearest ER via EMS.
4. Indications for transport include:
 - a. deterioration of neurological function
 - b. decreasing level of consciousness
 - c. decrease or irregularity in respirations
 - d. decrease or irregularity in pulse

- e. unequal, dilated, or unreactive pupils
 - f. any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - g. mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
 - h. seizure activity
 - i. cranial nerve deficits
 - j. Presence of focal deficits (numbness or weakness on one side)
5. A student who is felt to have a concussion, but is stable, may be managed on the field/training room by ETHS Medical staff. The Team Physician will be notified of all suspected concussions and the parents may contact the athlete's primary care physician as well.
- a. The ETHS Sports Medicine staff will ALWAYS honor a parental request for urgent ER evaluation, even if they do not feel it is necessary. ATC staff should provide the Team Physician's contact information to the parents.
 - b. Verbal and written instructions should be given to parents as to what symptoms to look out for and what should prompt them to seek emergency care.

III. Protocols for the Certified Athletic Trainer (ATC) regarding concussion

- A. The ATC should assess the injured student for signs/symptoms of a concussion after any suspected head injury or evidence of abnormal athlete behavior. If ATC evaluation is not immediate, such evaluation should be done as soon as possible. Guidance to the coaching staff will be provided by ETHS athletic training staff and/or the team physician by telephone if immediate evaluation is not available.
1. Immediate referral to the student's primary care physician, team doctor, or to the hospital will be made when medically appropriate (see section II).
- a. If referral to athlete's Primary MD is made, the Team Physician must be informed of the concussion and **ALL final clearance decisions are made through the Team Physician and the ETHS Sports Medicine staff.**
- B. The ATC will perform serial assessments following recommendations in the NATA Position Statement.
- 1. The ATC will notify the athlete's parents and give written and verbal home/follow-up care instructions.
 - 2. The ATC will provide the student with a note to excuse him/her from P.E. The student should deliver this notification to the P.E. department or P.E. teacher for confirmation.
 - 3. The ATC will notify the Concussion Management Team of the injury prior to the next school day.
 - a. The school's RN may initiate appropriate follow-up in school upon the student's return to school as needed.
 - 4. The ATC will continue to provide coordinated care with school RN for the duration of injury if necessary.
 - 5. The team physician will be notified of all suspected concussions.
 - 6. The ATC will determine if the student requires any follow-up care with the team physician.

- C. The ETHS Medical Staff (ATC and MD) is responsible for administering baseline and post-concussion ImPACT testing.
1. Baseline ImPACT tests will be performed for ALL student-athletes prior to the start of the season (first practice/tryout).
 2. As baseline scores evolve as students mature, baseline tests should be repeated prior to their third year if the first one was done prior to first year. Yearly pre-season baseline tests are also acceptable.
 - o Proposed Change: Baseline test will only be performed prior to the student's first year at ETHS. The ImPACT test is used as an objective tool when evaluating and clearing a student from the concussion protocol, but it is not a final determinant.
 3. Post-Concussion ImPACT tests will be performed, at the earliest, after the student has been asymptomatic without medication for 24 hours.
- D. The ATC will review post-concussion test data with the team physician, student-athlete, and the parents.
1. ImPACT data will be forwarded to the school's team physician for review and consultation as needed.
The ATC may forward testing results to the student's primary physician with parental permission.
 2. The ATC will keep the Concussion Management Team informed of the individual's symptoms and neurocognitive status, as needed, for the purposes of developing or modifying an appropriate health care plan for the student-athlete.
- E. The ATC is responsible for monitoring recovery & coordinating the appropriate return to play activity progression in conjunction with the team physician.
- F. The ATC will maintain appropriate documentation regarding assessment and management of the injury.

IV. Guidelines and procedures for coaches: **RECOGNIZE, REMOVE, REFER**

- A. **Recognize** concussion
1. All coaches should become familiar with the signs and symptoms of concussion that are described in section I. Coaches will receive training through the IHSA on recognizing concussions.
 2. Very basic cognitive testing should be performed to determine cognitive deficits.
 - a. **Any student who exhibits signs or symptoms of concussion should be removed immediately, assessed, and should not be allowed to return to activity that day.**
- B. **Remove** from activity
1. If a coach suspects the student has sustained a concussion, he/she should be removed from activity until evaluated medically.
 2. If the student is diagnosed with a concussion the athlete may not be required to attend practice pending team physician recommendations.

C. **Refer** the student for medical evaluation

1. Coaches should report all head injuries to the ETHS Certified Athletic Trainer (ATC), as soon as possible, for medical assessment and management, and for coordination of home instructions and follow-up care.
 - a. The ATC can be reached at (office) 1-847-424-7373 Or via cell phone 1-773-297-1023 or 1-802-770-8590.
 - b. The ATC will be responsible for contacting the athlete's parents and providing follow-up instructions.
2. Coaches should seek assistance from the host site ATC if at an away contest.
3. If the ETHS ATC is unavailable, or the student is injured at an away event, the coach is responsible for notifying the ATC and the athlete's parents of the injury.
4. In the event that neither the team physician or the student-athlete's parents can be reached, and the student has not had any LOC or significant symptoms, the Coach or ATC should insure that he/she will be with a responsible individual, who is capable of monitoring the student and understands the home care instructions before allowing the athlete to go home.
 - a. Contact the parents to inform them of the injury and make arrangements for them to pick the student up at school.
 - b. Contact the ATC at the above number, with the student's name and home phone number, so that follow-up can be initiated, and the team physician notified
 - c. Remind the student to report directly to the athletic trainer before practice on the day he or she returns to school after the injury.
5. The Coach or ATC should continue efforts to reach the parent.
6. If there is any question about the status of the student, he or she should be referred to the emergency department for evaluation. A coach or ATC should accompany the student and remain with him/her until the parents arrive.
7. If the student is unable to be monitored appropriately, they will remain under the care of ETHS personnel.
8. Students with suspected head injuries should not be permitted to drive home.

V. Follow-up care during the school day

- A. Responsibilities of the school nurse after notification of student's concussion
 1. If the school RN receives notification from an outside source that a student-athlete has sustained a concussion, the ETHS ATC should be notified as soon as possible, so that appropriate follow-up care with team physician can occur.
 2. Provide care for the student during the school day as needed.
 3. Notify student's PE teacher and guidance counselor about the concussion.
 4. Communicate with sports medicine staff and/or treating physician, as needed, to provide the most effective care for the student.
 5. If academic accommodations become necessary, communicate with teachers, department chairs and concussion oversight team to implement modifications.

VI. RETURN TO LEARN PROTOCOL AFTER CONCUSSION

- A. Post-Concussion Cognitive Rest

- a. Research has found that when indicated by a physician both cognitive and physical rest can be beneficial in the resolution of concussion symptoms
 - b. Examples of cognitive stimulation
 - i. Driving
 - ii. Video games
 - iii. Computers
 - iv. Text messaging
 - v. Cell phone use
 - vi. Loud and/or bright environments
 - vii. Television
 - viii. Reading and studying
- B. Post-Concussion Cognitive Rest Progression**
- a. Under the recommendation of the overseeing physician and the Concussion Management Team the student may have academic accommodations made
 - b. Each concussion is different and not all individuals will respond the same way to concussions.
 - c. Based on individualized recommendations from the Sports Medicine Physician or patient's healthcare team the student will utilize an appropriate return-to-learn progression.
 - d. Once the overseeing physician has recommended cognitive rest, the School Nurse will notify the appropriate parties at Evanston Township High School of the recommended accommodations for the specific student.

VII. RETURN TO PLAY (RTP) PROTOCOL AFTER CONCUSSION

- A. NO return to practice or game that day is allowed once a concussion has been diagnosed by either the ATC or the Team Physician.**
- 1. As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury.
 - 2. Any athlete who denies symptoms but has abnormal sideline cognitive testing should be held out of activity pending further evaluation.
 - 3. "When in doubt, hold them out."
 - a. If the diagnosis is in question, hold them out until the team physician can examine the athlete.

B. After A Concussion

- 1. Athlete should avoid physical exertion until symptoms of concussion go away or permission is granted by the Team Physician in more prolonged cases.
- 2. Once the student has been asymptomatic for 24 hours without medication, under team physician guidance, the student will start RTP progression.
- 3. ImPACT test will be administered once symptoms go away at rest and the student has completed light aerobic activity without reoccurrence of symptoms. When post-injury score is within baseline score as determined by the team physician, the athlete may begin stepwise progression of activity. If the athlete is asymptomatic but does not have a post-injury score within baseline, further discussion with the Concussion Management Team should occur to investigate for other possible causes of the test result, and to guide decisions about continuing physical return to play.

4. Clearance for RTP after a concussion MUST come from Team Physician. Outside physician input will be taken into consideration, but the final decision to allow RTP is made by ETHS medical staff.

C. Activity progression criteria: The athlete must meet all of the following:

1. Has no symptoms attributed to the concussion without medication at rest and with exertion (including mental exertion in school) AND:
 2. Within normal range of baseline on post-concussion ImPACT testing AND:
 3. Have clearance from ETHS Team Physician. Outside medical opinions will be taken into consideration, but any second opinions must be provided to ETHS Medical Staff in order to be considered (i.e. copies of office notes).
- *** Exceptions to these progression criteria are only allowed by the Team Physician and require documented agreement on the part of the athlete and their guardian***

D. Special Considerations

The sports medicine clinician and team physician may consider an adjustment of the RTP progression in certain situations. Find below a list of some of those situations that may warrant a change in the normal protocol.

- Structural Head Injury
- Multiple Concussions
- Extensive duration of symptoms at any point post injury
- Significant amnesia or LOC greater than 1 minute
- Co-morbidities such as a past medical history of migraine, depression, ADHD, sleep disorder, and/or other mental health issues

- E. Once the above criteria are met, the athlete will be progressed back to full activity as tolerated following a stepwise process under the supervision of the ATC. Failure to progress without symptoms will be discussed with team physician.
- F. Progression is individualized and will be determined on a case-by-case basis. Factors that may slow the rate of progression include:
 1. Younger age of the athlete
- G. Stepwise progression as described in the Berlin Consensus statement:
 1. No activity – do not progress to step 2 until asymptomatic for > 24 hours
 2. Light aerobic exercise – walking, stationary bike
 3. Sport-specific training (e.g., skating in hockey, running in soccer)
 4. Non-contact training drills
 5. Full-contact training after medical clearance
 6. Game play

Note: If the athlete experiences concussion symptoms during any phase, the athlete should drop back to the previous asymptomatic level and resume the progression after 24 hours.

- H. The athlete should see the ATC daily for re-assessment and instructions until he or she has progressed to unrestricted activity and been given a written clearance letter from the physician.

VIII. CONCUSSION TRAINING PROCEDURES

- A. All high school coaching personnel, including head and assistant coaches, as well as the athletic directors must pass concussion certification training as required by the Illinois High School Association prior to their start date.
- B. Members of the Concussion Management Team must submit proof of an approved concussion training course at least once every two years as described below
 - a. A coach or assistant coach of an interscholastic athletic activity must submit proof of completion of a training course on concussions approved by Illinois High School Association
 - b. A nurse who serves on the Concussion Management team must submit proof of completion of a training concerning concussions that the Department of Financial and Professional Regulation has approved for continuing education credit
 - c. An athletic trainer must submit proof of completion of a concussion-related continuing education course from an athletic trainer continuing education sponsor
 - d. A physician who serves as a member of the Concussion Management Team shall periodically take an appropriate continuing medical education course in the subject matter of concussions

IX. CONCUSSION MANAGEMENT TEAM

Dr. Stefany Malanka
Head Team Physician

Mike Burzawa
Assistant Athletic Director- ETHS

Dan Goggin, ATC
Northshore University Health Systems
Sports Medicine Coordinator

Mia Lavizzo
Associate Principal, Student Services-
ETHS

Khaliah Elliston, ATC
Head Athletic Trainer- ETHS

Dondelayo White
504 Coordinator- ETHS

Michelle Wheeler, RN
Head Nurse- ETHS

Marie Livatino
Physical and Wellness Education,
Department Chair- ETHS

Chris Livatino
Athletic Director- ETHS

X. SUMMARY

It is important to note that concussion evaluation and management must be handled on a case-by-case basis. There is no “typical” clinical course for the resolution of the injury itself and the post concussive management. Post concussive care will focus on limiting the potential catastrophic and long-term risks involved with concussive injuries. The evaluation, care and return to play/learn decisions will be based on current best medical practices and the clinical judgments made by the Team Physician and ETHS sports medicine staff specifically for each injured individual.

ETHS Concussion Management Plan

1. The student and the student's parent/guardian understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
2. Enclosed is a *Concussion Information Sheet*, which is written information explaining concussion prevention, symptoms, treatment, and guidelines, and includes guidelines for safely resuming participation in an athletic activity following a concussion.
3. The student and the student's parent/guardian are aware that with participation in sports comes the risk of injury, and that the degree of danger and seriousness of risk vary significantly from one sport to another, with contact sports carrying the highest risk. The student and the student's parent/guardian are aware that participating in sports involves travel with the team. The student and the student's parent/guardian acknowledge and accept the risks inherent in the sports or athletics in which the student will be participating and, in all travel, involved. The student and the student's parent/guardian agree to indemnify and hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with the student participating in the school-sponsored interscholastic sports or intramural athletics, to the extent allowed by law, including relating to physical injury to the student or others while participating in the above indicated sport or activity. The terms hereof shall serve as a release and assumption of risk for the student and the student's parent/guardian and their heirs, estate, executor, administrator, assignees, and for all members of the student and the student's parent/guardian's family. The parent/guardian certifies that the student is in good physical health and is capable of participation in the above indicated sport or activity.
4. If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

Concussion Information Sheet

Board Policy 7:305, Concussions and Head Injuries, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.

The *ETHS Athletic Permit Form* must be completed and signed each year by the student and the student's parent (meaning the student's natural or adoptive parent or other legal guardian or person with legal authority to make medical decisions for the student) before the student may participate in interscholastic sports or intramural athletics for the school year. This form contains all language from the Concussion Information Sheet approved by the Illinois High School Association.

Concussion Information

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. Symptoms can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a

bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

| | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

| | |
|---|---|
| <ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly | <ul style="list-style-type: none"> • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness |
|---|---|

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to play or physical activity, including the physical activity portion of physical education courses, after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible

head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy. Board policy requires the same clearance before such a student can return to intramural athletics and the physical activity portion of a physical education class.

You should also inform your child's coach if you think that your child may have a concussion, even if it resulted from an injury that occurred outside of school/school activities. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to always practice good sportsmanship.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.
- Tell your child's coaches if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

For up-to-date information on concussions go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Adapted from the IHSA Sports Medicine Acknowledgement & Consent Form, which is adapted from the CDC and the 3rd International Conference on Concussion in Sport

Illinois law provides that a student removed from an interscholastic athletics practice or competition for a suspected concussion during such an activity or practice may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until certain requirements have been met. Board policy also requires that certain requirements be met before a student suspected of suffering a concussion at any time or place be allowed to practice or compete in an interscholastic sports or intramural activities, participate in the physical activity portion of any physical education class in which the student is enrolled, or be considered fully recovered for purposes of participating in scholastic activities without informal or formal accommodations, modifications of curriculum, or monitoring by a medical or academic staff.

To comply with those requirements, this form must be completed for any student who has suffered or is suspected of having suffered a concussion at any time or place, including during an interscholastic athletics practice or competition, before the student is allowed to return to play (in either interscholastic or intramural activities), to physical education activities, or to learn without informal or formal accommodations, modifications of curriculum, or monitoring by a medical or academic staff.

The physician/athletic trainer and parental portions of this form should be completed first by the physician/athletic trainer and the parent and returned to Chris Livatino. District administration will then complete the remaining portions before allowing the student to return to play, physical education activity, or learn.

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I. TO BE COMPLETED BY THE PHYSICIAN/ATHLETIC TRAINER

Illinois law and Board policy require a student who has suffered a concussion or a suspected concussion to be evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student) or an athletic trainer working under the supervision of a physician and to submit a written statement from the treating physician or athletic trainer indicating that, in the physician's professional judgment, it is safe for the student to return to play and learn, before the student can participate in interscholastic or intramural athletic activities, the physical activity portion of the student's physical education class, and educational activities without accommodations, modifications, or monitoring. The student identified on this form is seeking such evaluation and clearance from you via completion of this form.

Physician Name & Office Name (if any): _____

Office Address: _____

Please check or provide information for every box:

- I am a treating physician or an athletic trainer working under the supervision of a physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student to evaluate the student.
- The parent has provided me a copy of the Head Injury Information Sheet and any other information regarding the incident that were received from the student's school at the time of the injury.
- I evaluated the student using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines.
Date of evaluation: _____
- In my professional judgment, it is safe for the student to return to play in interscholastic sports or intramural athletics.
 - If it is not safe, provide more information here: _____

- In my professional judgment, it is safe for the student to return to learn without accommodations, modifications, or monitoring.
 - If it is not safe, provide more information including any recommended accommodations, modifications, or monitoring: _____

Provide any other pertinent information to be considered by the school here: _____

Physician's Signature: _____ Date: _____

II. TO BE COMPLETED BY THE PARENT/GUARDIAN

Parent/Guardian Name: _____

Address: _____

You must agree to all of the following before your student can return to play, return to physical education activity, and return to learn without accommodations, modifications, or monitoring:

- I am the student's parent or guardian or another person with legal authority to make medical decisions for the student.
- I or my student chose the treating physician or athletic trainer identified in Part I of this form to evaluate the student.
- I have been informed concerning and consent to the student participating in returning to play in accordance with the return-to-play and return-to-learn protocols.
- I understand the risks associated with the student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols.
- I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement in Part I and any return-to-play or return-to-learn recommendations of the treating physician or the athletic trainer contained therein.
- I understand that all sports can involve many risks of injury and that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I agree, in consideration of the School District permitting my child to return to play, to indemnify and hold the District, its employees, agents, coaches, Board members and volunteers harmless from all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with my child's return to play. I assume all responsibility and certify that the student is in good physical health and can return to play.

Parent/Guardian Signature: _____ Date: _____

III. TO BE COMPLETED BY THE ADMINISTRATION

Administrator's Name and Title: _____

Every box must be checked for the student to return to play:

- I am not the coach of an interscholastic team.
- The student has successfully completed each requirement of the following protocols:
 - Return-to-play protocol
 - Return-to-learn protocol
- I authorize the student to:
 - Return to play and physical education activities **If not checked, the student should not be allowed to participate in such activities**
 - Return to learn without accommodations, modifications of curriculum, or monitoring by a medical or academic staff **If not checked, the student should be referred to the Concussion Oversight Team to address necessary accommodations, modifications, or monitoring**

Administrator's Signature: _____ Date: _____

Concussion Parental Notification Form

Dear Parent/Guardian,

Date: ____/____/____

Today, your child, _____, received a possible head injury during practice, competition, or play. The purpose of this letter is to alert you to the possibility that such an injury occurred, of symptoms/signs observed by the Athletic Trainer or other staff, and of the signs and symptoms of such an injury that may arise and that may require further evaluation and/or treatment. Often, the signs and symptoms of a head injury may not appear immediately after the injury but may arise several hours after. If you are unclear or have questions about any of the symptoms described herein, please contact a medical doctor for a medical opinion.

Symptoms/Signs observed

The signs and symptoms indicated below when the Athletic Trainer evaluated your child:

- | | | |
|---|---|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Ringing in the ears | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Temporary loss of memory |
| <input type="checkbox"/> Nausea and/or vomiting | <input type="checkbox"/> Spots before eyes | <input type="checkbox"/> Any abnormal behavior |
| <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Balance problems/dizziness |
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Sleepiness and/or grogginess | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Feeling in a "FOG" | | |

Symptoms/Signs that may arise

If your child exhibits the following symptoms/signs, or you notice other behavior or conduct of your student that is out of the ordinary, you should seek immediate medical attention. Please note that this list is not all-inclusive. You must use your judgment to determine if medical attention is necessary:

- | | | |
|------------------------------|---------------------------------------|------------------------------|
| • Memory difficulties | • Headaches that worsen | • Seizures |
| • Neck pain | • Odd behavior | • Irritability |
| • Irregular sleep | • Repeats the same answer or question | • Fatigued |
| • Slow reactions | • Vomiting | • Focus issues |
| • Slurred speech | • Weakness/numbness in arms/legs | • Less responsive than usual |
| • Delicate to light or noise | | |

Further precautions to consider

Please take all necessary precautions and seek a professional medical opinion before allowing your child to engage in physical activities. Until a professional medical opinion is obtained, consider the following guidelines. These are only guidelines and suggestions and are not a replacement for a medical opinion:

| It is OK to: | There is NO need to: | Do NOT: |
|--|--|--|
| <ul style="list-style-type: none"> • Use ice pack on head/neck as needed for comfort • Eat a light diet • Return to school • Go to sleep • REST (no activity or sports) | <ul style="list-style-type: none"> • Check eyes with flashlight • Wake up every hour • Test reflexes • Stay in bed | <ul style="list-style-type: none"> • Drink alcohol • Engage in exercise • Consume medications unless told to do so by a physician |

Return to Play/Return to Learn

Your child will not be allowed to return to play (practice, competition, or play) in any interscholastic or intramural athletics or sports or participate in the physical activity portion of any physical education course in which the student is enrolled until the student has completed all requirements of Board policy and the District's return-to-play and return-to-learn protocols. This includes evaluation by a physician or athletic trainer of your choice, who must sign off on your student's ability to return to play and return to learn. **You should provide a copy of this letter and any other documentation you receive from the District regarding the incident to the physician or athletic trainer conducting the evaluation for return-to-play/return-to-learn.** Copies of the Board policy, return-to-play protocol, and return-to-learn protocol are included with this letter.

If you have any questions, please contact me. Sincerely,

_____, ATC

Phone Number: _____