



DIOCESE OF PALM BEACH
POLICY & PASTORAL GUIDELINES
CONCERNING CONCUSSION MANAGEMENT
FOR STUDENT ATHLETES

I. Introduction

The following *Policy & Pastoral Guidelines Concerning Concussion Management for Student Athletes* has been approved by the Diocese of Palm Beach and is intended for the Diocesan schools in accord with the *Diocese of Palm Beach Code of Pastoral Conduct for Church Personnel* and other official documents of the Diocese listed in the Preamble of this Code.

The Diocese of Palm Beach has developed these policies and procedures for the management of concussions in youth sports for student athletes, their parents or guardians and their coaches. The Diocese has developed recommendations for the management and treatment of student athletes suspected or diagnosed with having sustained a concussion. These recommendations along with the accompanying forms provide guidance for both the student athlete's exclusion from play as well as their return to the classroom.

The Diocese requires that any student athlete suspected of sustaining a concussion must be evaluated by an Appropriate Health Care Professional (AHCP). The Florida High School Athletic Association defines an AHCP as a Medical Doctor or a Doctor of Osteopathy (MD or DO).

Additionally, this policy addresses the concussion education and tracking requirements of non-school related athletic programs and provide guidance and suggestions for those programs.

The provisions of this policy call for the training of every coach (head coach, assistant coach, position coach, athletic trainer and volunteers) as well as providing awareness to all student-athletes and their parents or guardians on:

- The nature and risk of a concussion or head injury
- The criteria for removal from and return to play
- The risk of not reporting an injury
- Appropriate academic accommodations

The provisions also mandate the written verification of:

- The coach receiving concussion awareness training
- The student-athlete and parent or guardian acknowledging receipt of concussion awareness information

In addition, schools shall extend appropriate procedures for academic accommodations to student-athletes who have been diagnosed with a concussion.

Finally, non-school youth athletic activities conducted on school property must provide assurances that concussion information has been provided to all participants and their parents or guardians.

II. Background

What is a Concussion?

A concussion is a type of traumatic brain injury that is caused by bump, blow or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth, causing the brain to bounce around or twist inside the skull. Even what seems to be a mild bump to the head can be serious. The severity of the concussion is based on the symptoms displayed and the duration.

In what sports do Concussions usually occur?

Concussions historically occur in contact sports such as football, hockey, and lacrosse; however, certain non-contact sports such as baseball, soccer, basketball, and volleyball can produce concussions. Other sports or activities, such as cheerleading where there is a history of falls should be included in any concussion program.

Can anything be done to prevent concussions in contact sports?

Insist that safety comes first. Teach athletes safe playing techniques and encourage them to follow the rules. Encourage good sportsmanship and make sure that athletes wear the right protective equipment for their sport and position with no exceptions. Equipment such as helmets, padding, shin guards, eye and mouth guards should fit properly and be regularly inspected and maintained. Team physicians and trainers must maintain high index of suspicion to detect mild concussions. Return to sports requires a progressive exercise program, complete absence of symptoms, completion of neuropsychological tests and recurring evaluation. If an athlete has a concussion, their brain needs time to heal. Rest after a concussion is key!

III. Education

It is imperative that everyone involved (student-athletes, parents or guardians, coaches, trainers and other school staff members) receive education in the recognition of concussions, their evaluation, treatment and return to play protocols.

Coaches Education

Every coach (head, assistant, position and volunteers) is required to view the free online course “Concussion in Sports – What you need to know” before they begin practice every year (even if it was viewed last year).

This Center for Disease Control (CDC) endorsed program provides a guide to understanding, recognizing and properly managing concussions in youth sports. It is available at www.nfhslearn.com.

Proof of Completion

Presentation of a certificate of completion from a coaches training course with annual renewal as a condition of coaching employment provides a simple and clear mechanism for schools to assure compliance. The Athletic Director (AD) or Principal (in the absence of an AD) must maintain a Concussion Course Affidavit DoPB Form 1 on all coaches. (Certificate of Completion - Figure 1)

Best Practices

The following is a list of resources that should be at every practice or competition where a student-athlete could possibly sustain a concussion.

- On field quick reference guide kept in the team medical kit or other accessible area
- A CDC clipboard or CDC clipboard sticker (https://www.cdc.gov/headsup/pdfs/youthsports/heads_up_youth_sports_clipboard_sticker-a.pdf) or a clipboard sticker containing the same information
- Copies of the “Medical Clearance for Suspected Head Injury” form

Concussion Awareness for

Student-Athletes & Parents or Guardians and School Personnel

Each Diocesan school shall ensure that student-athletes, parents or guardians, and school personnel receive an informational sheet describing:

- The nature and risk of a concussion or head injury
- The criteria for removal from play and return-to-play
- The risks of not reporting an injury and continuing to play
- Appropriate academic accommodations for diagnosed concussion victims

The informational materials used shall include but not be limited to:

The Center for Disease Control's (CDC) tools for youth and high school sports coaches, parents, athletes and health care professionals provide important information on preventing, recognizing and responding to a concussion, and are available at <https://www.cdc.gov/headsup/index.html>

These include *Heads Up to Schools: Know Your Concussion ABCs*; *Heads UP: Concussion in Youth Sports*; and *Heads UP: Concussion in High School Sports*.

Best Practices

Suggested opportunities to provide concussion information include but are not limited to:

- In-service training
- Team meetings or practice segments
- Team pre-participation documents
- Student-athlete / Parent orientation
- Coach / Parent pre-season meetings
- Athletic trainer tips
- Formal / informal seminars

Required Acknowledgement

Every student-athlete and at least one parent or guardian must verify in writing that they have received information on concussions and sign a statement acknowledging receipt of the information. **DoPB Form 3**

Furthermore, every student-athlete and at least one parent or guardian must verify in writing if the student-athlete has a history of traumatic head injury/concussion. A recommended verification form is attached.

DoPB Form 5

IV. Baseline Testing (ImPACT)

Baseline tests are used to assess an athlete's balance, reaction time and cognitive function (including concentration and memory) as well as for the presence of any concussion symptoms. When performed baseline testing should take place in the pre-season, prior to the first practice if possible. Ideally, a neuropsychologist should interpret the baseline test results. It is important to record other medical conditions that could impact the recovery from a concussion, such as migraines, depression, mood disorders, anxiety and Attention Deficit/Hyperactivity Disorder (ADHD).

Baseline testing is not performed by the Diocese or its schools. It is recognized as a helpful tool in evaluating a student-athlete's condition and Return-to-Play status. The Diocese does however require that any baseline testing that is performed on its student athletes be performed by a qualified third party, not in-house by school employees, coaches or team athletic trainers. Parents can be provided information on baseline testing and may choose to have their child (student-athlete) baseline tested. Further, any data from baseline testing must be maintained/stored offsite at the provider's office in accordance with HIPPA requirements.

V. Return to Play (RTP) Criteria/Concussion Management

Current medical studies have shown that on the average, concussion symptoms last 10 – 14 days. In addition, some studies are demonstrating that brain physiology may not return to normal for 30 days. *The greatest risk of returning an athlete to play too soon is sustaining another concussion before being fully recovered from the previous one.* If this occurs, studies show that athletes will take exponentially longer to recover. This means that your child will, in all likelihood, not only miss the remainder of his/her sport season, but will also not be able to attend classes, which may result in your child not graduating on time or not being promoted to the next grade level. In addition, recent studies from Boston University School of Medicine have demonstrated that

athletes who sustain multiple concussions may be at risk for pathological changes which are consistent with Alzheimer's type dementia.

- No athlete should RTP or practice on the same day of a suspected concussion. "When in doubt, sit them out!"
- Any athlete suspected of having a concussion **must be evaluated** by an AHCP (MD or DO) within 72 hours of the injury.
- Any athlete who has sustained a concussion **must be medically cleared** by an AHCP (MD or DO) prior to resuming participation in any practice or competition. A parent cannot authorize return to play for his/her child, even if the parent is an AHCP.

VI. Removal and Return-to-Play (RTP) Procedures

What should coaches do if they suspect a Concussion?

1. **Remove the athlete from play** - Look for signs or symptoms of a concussion if your student-athlete has experienced a bump or blow to the head or body. When in doubt, keep the student-athlete out of play.
2. **Ensure that the athlete is evaluated by an appropriate healthcare professional** Do not attempt to evaluate the student-athlete yourself; only a qualified healthcare professional can assess the severity of a concussion.
 - Cause of the injury and force of the hit or blow to the head or body
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
3. **Inform the student-athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the student-athlete should be seen by a health care professional experienced in evaluating for concussion.
4. **Keep the student-athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.** A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, even death.

Date of injury

- Evaluation on sideline may consist of: King-Devick Sideline Concussion Eval, SCAT5 and/or CDC Checklist, by a Certified Athletic Trainer, MD or DO.
- If no immediate medical attention is needed, the athlete must follow-up with an AHCP within 72 hrs.

Return to play

- **DoPB Form 7** graded return to play form will not begin until the athlete is asymptomatic
- **DoPB Form 7** will be given to athlete to bring to AHCP to have signed clearing athlete to begin graded return to play protocol.
- Step 4 of RTP Guidelines: "Full contact practice" must involve a regular full team contact practice which simulates game situations. A scheduled walk through practice does not satisfy this step.
- Once **DoPB Form 7** Graded Return-to-Play protocol has been completed an AHCP can then sign the Return to Competition Affidavit stating the athlete is cleared for a complete return to full contact physical activity without restriction.

Treatment and recovery

Guidance for Parents or Guardians

Within the next 24-48 hours, make sure your child (student-athlete) rests, drinks plenty of fluids (water and sports drinks).

Important points:

- Rest (physically and mentally), including gym class, training (weights) or, playing sports until symptoms have resolved and the student-athlete has been medically cleared
- No prescription or non-prescription drugs without medical supervision

Specifically

- no sleeping tablets
- do not use aspirin
- no anti-inflammatory medication or sedation pain killers
- do not drive until medically cleared
- do not engage in *any* physical activity until medically cleared

If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, this is an indication that you must immediately take him/her to the nearest emergency room for further evaluation.

The purpose of this evaluation is to discover if some other injury may exist or if the brain is not healing from the injury. If no other injuries are found, the evaluating physician may prescribe additional care measures to help reduce your student-athlete's discomfort.

Please note: *Normal brain and skull imaging studies (CT scans, MRIs) by themselves do not diagnose nor rule out a concussion, and they do not predict a timeline for a safe return to physical activity.*

If you do not visit the emergency room, follow these suggestions:

1. Arrange a visit with your family physician or other healthcare professional that has been trained in the evaluation and management of concussion. Share with him/her the injury evaluation you received today and the signs and symptoms checklist located on the front of this form.
2. Allow your student-athlete to rest in a quiet area; it is recommended that you eliminate most external brain stimuli including bright lights, loud noises, TV, computers, reading, video gaming, texting, etc. Limit visitors so as not to overstimulate the healing athlete.
3. Notify your student-athlete's teachers of the injury; it is possible that educational modifications will be needed to assist your athlete during healing. Please discuss this with your family physician for more information. Likewise, it may be necessary to delay the athlete's return to an after-school or weekend job until it is deemed safe to perform these activities
4. No form of athletic activity should be resumed prior to formal clearance by your physician.

Sleeping

It is typical for an student-athlete who has suffered a concussion to become tired and lethargic. It is acceptable for your student athlete to sleep. However, excessive sleepiness and lethargy would be cause to seek further evaluation from a medical doctor.

Concussions that occur outside of Diocesan school athletics

Student-athletes that have been seen by AHCP and have supporting documentation of a concussion will follow above protocol (#4).

Those that have not been evaluated by AHCP or do not have supporting documentation will be evaluated by the ATC and automatically referred to ACHP if a concussion is suspected.



Concussion Management Packet

This packet has been assembled to aid our Athletes, Parents, Coaches, Athletic Trainers, Physicians and other medical professionals in management of sports related concussion.

Florida State Statute Requires: any youth athlete suspected of sustaining a concussion must be evaluated by an Appropriate Health Care Professional (AHCP). The Florida High School Athletic Association defines an AHCP as a Medical Doctor or Doctor of Osteopathy (MD or DO).

- **Concussion information sheet** – this sheet should be completed and provided to the parent/guardian as an informational tool and to provide a checklist of observed symptoms. **DoPB Form 4**
- **Consent and Release Form** – A generic copy of the form completed by athlete and parent prior to participation in athletic activities. The official signed version should be on file in the individual school. **DoPB Form 3**
- **Initial Return to Participation Form** – **DoPB Form 2 page 1.** Requires the AHCP to complete and date the initial return to activity progression may begin. This form must be signed by the AHCP. The athlete will return with this form to begin the supervised progression. Each phase of this plan must be completed under the supervision of an AHCP, Athletic Trainer or Coach and must be dated and initialed after each phase and signed once completed. This form is then returned to the treating AHCP for review and Certification.
- **Return to Competition Affidavit**– **DoPB Form 2 page 2.** This form indicated the treating AHCP has certified the graded return to play protocol completed by the athlete and is authorizing return to competition. The specific date of return to competition must be listed and the form must be signed by the treating AHCP or team physician (MD or DO).
- **Student-Athlete Probable Head Injury Flow Chart** (Figure 4)
- **Case Management and Care Coordination**– Roles and Responsibilities (Figure 5)
- **2011 Centers for Disease Control (CDC) Heads UP to Schools: Know your Concussion ABCs** (Figure 6)



Your Name
has successfully completed

Concussion in Sports - What You Need To Know

6/9/2010
Date of completion

State of completion

Robert B. Gardner
NFHS Executive Director

Completion code

This course cannot be used for NFHS Coach Certification

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/Concussion.

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Figure 3

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit www.cdc.gov/Concussion.

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June 2010

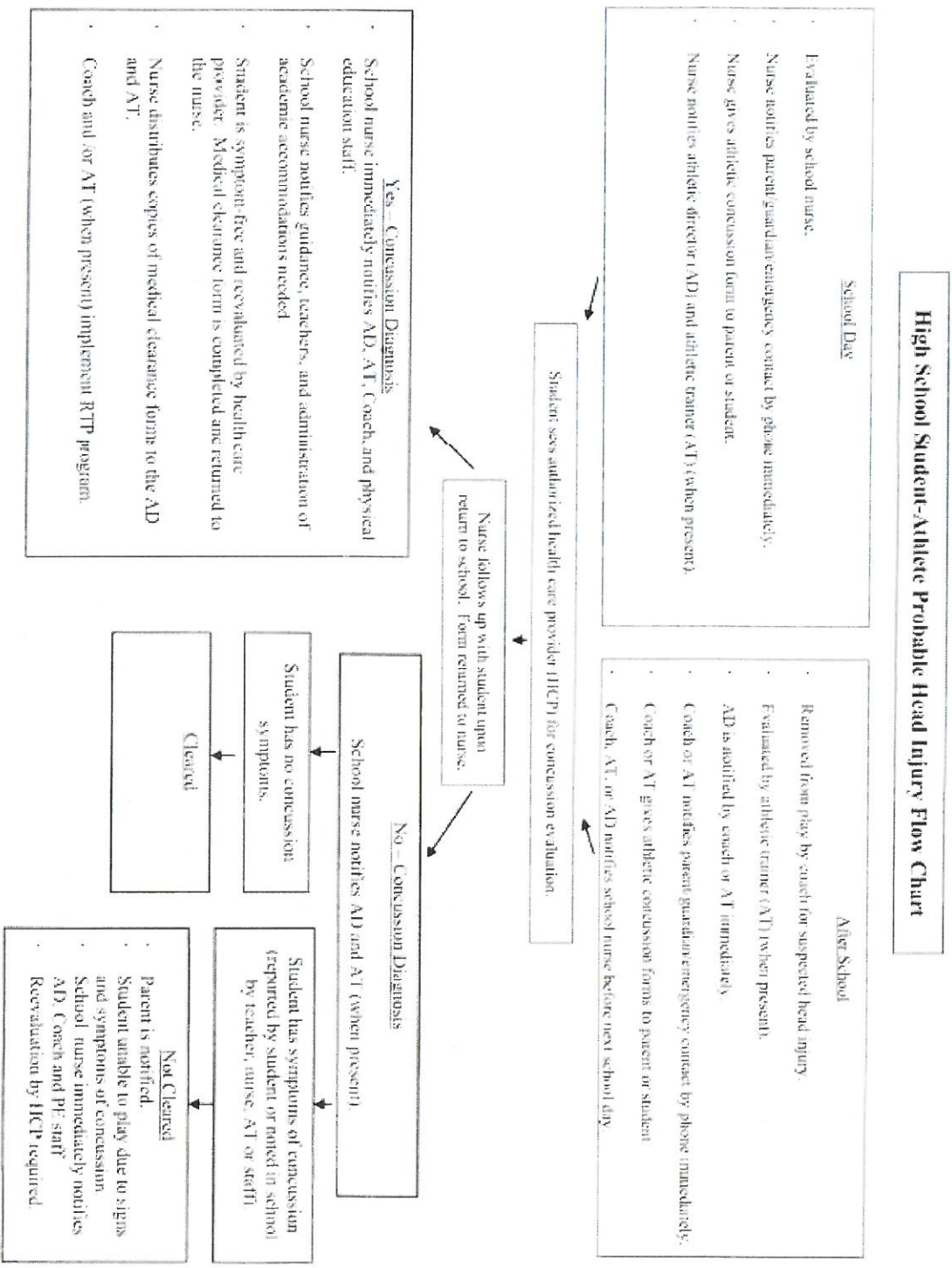


Figure 4

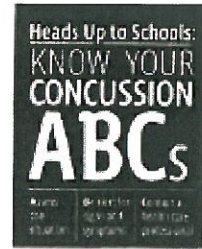
Appropriate Educational Accommodations

Post-Concussion Effect	Functional School Problem	Accommodation/ Management Strategy
Attention/ Concentration	Short focus on lecture, class work, homework	Shorter assignments, break down tasks, lighter work load
“Working” Memory	Holding instructions in mind, reading comprehension, math calculation, writing	Repetition, written instructions, use of calculator, short reading passages
Memory Consolidation/ Retrieval	Retaining new information, accessing learned info when needed	Smaller chunks to learn, recognition cues
Processing Speed	Keep pace with work demand, process verbal information effectively	Extended time, slow down verbal info, comprehension-checking
Fatigue	Decreased arousal/ activation to engage basic attention, working memory	Rest breaks during classes, homework, and exams
Headaches	Interferes with concentration	Rest breaks
Light/Noise Sensitivity	Symptoms worsen in bright or loud environments	Wear sunglasses, seating away from bright sunlight or other light. Avoid noisy/ crowded environments such as lunchroom, assemblies, hallways.
Dizziness/Balance Problems	Unsteadiness when walking	Elevator pass, class transition prior to bell
Sleep Disturbance	Decreased arousal, shifted sleep schedule	Later start time, shortened day
Anxiety	Can interfere with concentration; Student may push through symptoms to prevent falling behind	Reassurance from teachers and team about accommodations; Workload reduction, alternate forms of testing
Depression/Withdrawal	Withdrawal from school or friends due to stigma or activity restrictions	Time built in for socialization
Cognitive Symptoms	Concentrating, learning	See specific cognitive accommodations above
Symptom Sensitivity	Symptoms worsen with <i>over</i> -activity, resulting in any of the above problems	Reduce cognitive or physical demands below symptom threshold; provide rest breaks; complete work in small increments until symptom threshold increases

Source: Sady, M.D., Vaughan, C.G. & Gioia, G.A. (2011) School and the Concussed Youth: Recommendations for Concussion Education and Management. *Physical Medicine and Rehabilitation Clinics of North America*, 22, 701-719. (pp.714)

Concussion Signs and Symptoms Checklist

Figure 6



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: (Be sure to include cause and force of the hit or blow to the head.) _____

Description of Injury: (Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.) _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES <small>(Add space if needed)</small>
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

→ More

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- Student returned to class
- Student sent home
- Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

✦ For more information on concussion visit to order additional materials for school professionals FREE-OF-CHARGE, visit: www.cdc.gov/Concussion.

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Diocese of Palm Beach Schools Concussion Information Sheet

Parent/Caregiver:

Your student athlete was removed from sports activity today after sustaining an injury to his/her head.

_____ Date _____ Location _____ Time _____

Please read the information below to familiarize yourself with the recommendation we suggest following a brain injury (concussion).

Concussion (Definition/Description)

A concussion is a serious injury to the brain resulting in a disturbance of brain function. You cannot see a concussion; however, you may be able to recognize the signs and symptoms your athlete may experience after sustaining a concussion.

By definition, a concussion is an injury to the brain that can cause both short-term and long-term problems.

IMPORTANT: please be aware that concussion symptoms may be delayed between 24-72 hours, therefore the totality of the injury may not be recognized for up to 3 days after the injury.

Symptom Checklist (not meant to be all-inclusive)

Circle symptoms or complete the blank.

Headache	Feeling Foggy	Irritable Behavior	Sleep Changes
Nausea/Vomit	Light Sensitivity	Clumsy	Personality Changes
Balance Problems	Noise Sensitivity	Ringing in Ears	_____
Dizziness	Slurred Speech	Slow to Answer	_____
Blurry/Double Vision	Memory Problems	Stiffness in Neck	_____
Confusion	Loss of Consciousness		_____

Evaluated By:

_____ Name, Title/Position

_____ Phone Number



For official use only:

Name of Athlete: _____

Sport/Season: _____

Date Received: _____

Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I _____ and _____ the parent(s)/guardian(s) of
Parent/Guardian Parent/Guardian

_____, acknowledge that I have received information on all of the following:
Name of Student/Athlete

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian _____
PRINT NAME

Parent/Guardian _____ Date: _____
SIGNATURE

Parent/Guardian _____
PRINT NAME

Parent/Guardian _____ Date: _____
SIGNATURE

Student Athlete _____
PRINT NAME

Student Athlete _____ Date: _____
SIGNATURE

It's better to miss one game than the whole season.



Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: _____ School District (if applicable): _____

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s):

List sport(s) exceptions here

- B. I understand that participation may necessitate an early dismissal from classes.
- C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

____ My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

____ My child/ward is covered by his/her school's activities medical base insurance plan.

____ I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____ Signature of Student _____ Date ____/____/____



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all 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. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo(spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /



Florida High School Athletic Association
Consent and Release from Liability Certificate for
Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with SCA include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses:

- 1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) Signature of Student-Athlete Date

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date



Consent and Release from Liability Certificate (Page 4 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. **This form is non-transferable;** a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester.** (FHSAA Bylaw 9.2)
4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /



Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular activity.

Student Information

Name: _____

Grade: _____

Sport(s): _____

Home Address: _____

Has student ever experienced a traumatic head injury (a blow to the head)? Yes ___ No ___

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes ___ No ___

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes ___ No ___

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian Name: _____

(Please Print)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

(Please Print)

Parent/Guardian Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____



Post Head Injury/Concussion Initial Return to Participation

(Page 1 of 2)

This form must be completed for any student-athlete that has sustained a sports-related concussion and must be kept on file at the student-athlete's school.

Athlete Name: _____ DOB: ____/____/____ Injury Date: ____/____/____

Sport: _____ School: _____ Level (Varsity, JV, etc.): _____

I (treating physician) certify that the above listed athlete has been evaluated for a concussive head injury, and currently is/has: **(All Boxes MUST be checked before proceeding)**

<input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Normal neurological exam	<input type="checkbox"/> Returned to normal classroom activity
<input type="checkbox"/> Off medications related to this condition	<input type="checkbox"/> Neuropsychological testing (as available) has returned to baseline	

The athlete named above is cleared to begin a graded return to play protocol (outline below) under the supervision of an athletic trainer, coach or other health care professional as of the date indicated below. If the athlete experiences a return of any of his/her concussion symptoms while attempting a graded return to play, the athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer or coach.

Physician Name: _____ Signature/Degree: _____

Phone: _____ Fax: _____ Today's Date: _____

Graded Return to Play Protocol

Each step, beginning with step 2, should take at least 24 hours to complete. If the athlete experiences a return of any concussion symptoms they must immediately stop activity, wait at least 24 hours or until asymptomatic, and drop back to the previous asymptomatic level. This protocol must be performed under supervision, please initial and date the box next to each completed step. Once the athlete has completed full practice i.e. stage 5, please sign and date below and return this form to the athlete's physician (MD/DO) for review and request the physician complete the return to competition form for the athlete to resume full activity.

Rehabilitation Stage	Functional exercise at each stage	Objective	Date Completed	Initials
1. No Activity	Rest; physical and cognitive	Recovery	Noted Above	Signed Above
2. Light aerobic exercise	Walking, swimming, stationary bike, HR<70% maximum; no weight training	Increased heart rate		
3. Sport-specific exercise	No-contact drills	Add movement		
4. Non-contact training	Complex (non-contact) drills/practice	Exercise, coordination and cognitive load		
5. Full contact practice	Full contact practice	Restore confidence and simulate game situations		
6. Return to full activity	Return to competition	After completion of the steps above, Form AT18, Page 2 must be completed by physician		

I attest the above named athlete has completed the graded return to play protocol as dated above.

Athletic Trainer / Coach

Name: _____ AT License Number: _____ Phone: _____

(If coach) AD Principal Name: _____ School: _____ Phone: _____

Athletic Trainer / Coach

Signature: _____ Date: ____/____/____

Athlete Signature: _____ Date: ____/____/____

Physician Reviewed: _____



Post Head Injury/Concussion Initial Return to Participation

(Page 2 of 2)

This form must be completed for any student-athlete that has sustained a sports-related concussion and must be kept on file at the student-athlete's school.

Return to Competition Affidavit

Student-Athlete's Name: _____

Date of Birth: ____/____/____ Injury Date: ____/____/____

Formal Diagnosis: _____

School: _____

Sport: _____

I certify that I have reviewed the signed graded return to activity protocol provided to me on behalf of the athlete named above. This athlete is cleared for a complete return to **full-contact physical activity** as of ____/____/____.

This student-athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer or coach and to refrain from activity should his/her symptoms return.

Physician Name: _____

Physician Signature: _____ License No.: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Date: ____/____/____



Graduated Return to Play Protocol

Description of Stage	Date Completed	Supervised by
<p>Stage 1: Light Aerobic Activity <u>Begin stage 1 when:</u> Student is cleared by health care provider and has no symptoms <u>Sample activities for stage 1:</u> 20-30 minutes of jogging, stationary bike or treadmill</p>		
<p>Stage 2: Heavy Aerobic and Strength Activity <u>Begin stage 2 when:</u> 24 hours have passed since student began stage 1 AND student has not experienced any return of symptoms in the previous 24 hours <u>Sample activities for stage 2:</u> Progressive resistance training workout consisting of all of the following:</p> <ul style="list-style-type: none"> - 4 laps around field or 10 minutes on stationary bike, and - Ten 60 yard sprints, and - 5 sets of 5 reps: Front squats/push-ups/shoulder press, and - 3-5 laps or walking lunges 		
<p>Stage 3: Functional, Individual Sport-Specific Drills Without Risk of Contact <u>Begin stage 3 when:</u> 24 hours have passed since student began stage 2 AND student has not experienced any return of symptoms in the previous 24 hours <u>Sample activities for stage 3:</u> 30-45 minutes of functional/sport specific drills coordinated by coach or athletic director. NOTE: no heading of soccer ball or drills involving blocking sled.</p>		
<p>Stage 4: Non-Contact Practice <u>Begin stage 4 when:</u> 24 hours have passed since student began stage 3 AND student has not experienced any return of symptoms in the previous 24 hours <u>Sample activities for stage 4:</u> Full participations in team's regular strength and conditioning program. NOTE: no heading of soccer ball or drills involving blocking sled permitted.</p>		
<p>Stage 5: Full-Contact Practice and Full Participation in Physical Education <u>Begin stage 5 when:</u> 24 hours have passed since student began stage 4 AND student has not experienced any return of symptoms in the previous 24 hours. <u>Sample activities for stage 5:</u> Unrestricted participation in practices and physical education.</p>		
<p>Stage 6: Return to Game <u>Begin stage 6 when:</u> 24 hours have passed since student began stage 5 AND student has not experienced any return of symptoms in the previous 24 hours.</p>		