

**Concussion Awareness
Parent/Student-Athlete Acknowledgement Statement**

I _____, the parent/guardian of _____,
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- 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, keep my athlete out of play, seek medical attention prior to returning, Notify the coach about the concussion, and report any concussion episodes to the school nurse and/or athletic trainer.

Parent/Guardian _____ Parent/Guardian _____ Date _____
PRINT NAME SIGNATURE

Student Athlete _____ Student Athlete _____ Date _____
PRINT NAME SIGNATURE

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

For more information visit: www.cdc.gov/Concussion.

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 athletic 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)

Signature/Date _____

Student Athlete: Signature/Date _____

Gradual Return to Play Protocol

Description of Stage	Date Completed	Supervised by
STAGE 1: SYMPTOM LIMITED ACTIVITY <u>Begin stage 1</u> within 24 hours of injury <u>Sample activities for stage 1:</u> <ul style="list-style-type: none"> Daily activities that do not exacerbate symptoms (e.g. walking) 		
STAGE 2: AEROBIC EXERCISE 2A- Light <u>Begin stage 2 when:</u> 24 hours have passed since student began stage 1 AND student has not experienced more than mild, brief symptom exacerbation Then 2B- Moderate <u>Begin stage 2B when:</u> 24 hours have passed since student began stage 2A AND student has not experienced more than mild, brief symptom exacerbation <u>Sample activities for stage 2:</u> <ul style="list-style-type: none"> 10 minute of low intensity stationary cycling or jogging Progressive resistance training workout consisting of all of the following: <ul style="list-style-type: none"> 10 minutes moderate intensity stationary cycling or 10 minutes moderate intensity running 5 sets of 5 body weight squats/pushups 2 sets of 10-yard walking lunges 		
STAGE 3: Individual sport-specific exercise, away from the team environment <u>Begin stage 3 when:</u> 24 hours have passed since student began stage 2B AND student has not experienced more than mild, brief symptom exacerbation <u>Sample activities for stage 3:</u> <ul style="list-style-type: none"> 30-45 minutes of functional/sport specific drills coordinated by coach or athletic trainer (e.g. running change of direction and/or individual training drills). 		
Steps 4-6 should begin after resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion. Students should be back to full classroom prior to advancement to Stage 4. Progression to Stage 4 may require LHCP clearance as indicated on the Clearance form.		

STAGE 4: NON-CONTACT TRAINING DRILLS				
<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				
Exercise to high intensity including more challenging training drills				
Can integrate into team environment (may return to non-contact practice participation)				
Resume usual intensity of exercise, coordination, and increased thinking				
<u>Sample activities for stage 4:</u>				
	<ul style="list-style-type: none">• Passing drills			
	<ul style="list-style-type: none">• Multiplayer drills			
	<ul style="list-style-type: none">• Full participation in team’s regular strength and conditioning program.			
NOTE: no heading of soccer ball or drills involving blocking sled permitted.				
STAGE 5: FULL-CONTACT PRACTICE				
<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>				
	<ul style="list-style-type: none">• Unrestricted participation in practices and physical education			
STAGE 6: RETURN TO FULL PARTICIPATION WITHOUT RESTRICTION				
<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				

Adapted from the SCOAT-6 form: Patricios J, et al. Br J Sports Med June 2023 Vol 57 No 11

Gradual Return to Learn Protocol

Please refer to the Appropriate Educational Accommodations form for detailed, student-specific recommendations.

Description of Stage	Date Completed	Supervised by
<p>Stage 1: Gradual return to typical activities that do not result in more than mild exacerbation of symptoms related to current concussion</p> <p>Begin after period of rest 24-48 hours as indicated by LHCP</p> <p>Examples:</p> <ul style="list-style-type: none"> • Reading • Minimize screen time • Start with 5-15 min at a time and increase gradually 		
<p>Stage 2: School activities</p> <p>Begin when indicated by LHCP, typically after at least 24 hours from injury</p> <p>Examples:</p> <ul style="list-style-type: none"> • Homework • Reading • Other cognitive activities outside of the classroom 		
<p>Stage 3: Return to school part time</p> <p>Begin when indicated by LHCP, typically after at least 24 hours from injury</p> <p>Examples:</p> <ul style="list-style-type: none"> • Gradual introduction of schoolwork. • May need to start with partial school day or greater access to rest breaks during the day • Avoid high-stakes testing 		
<p>Stage 4: Return to school full time</p> <p>Begin after at least 24 hours at Stage 3 with no more than mild exacerbation of symptoms related to current concussion</p> <p>Examples:</p> <ul style="list-style-type: none"> • Full academic activities • Catch up on missed work • Tests and Quizzes 		

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Appropriate Educational Accommodations

Post-Concussion Effect	Functional School Problem	Accommodation/ Management Strategy	The below checked accommodations shall be provided until reevaluation date.
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	
Cognitive Symptoms	Concentrating, learning	See specific cognitive accommodations above	
Symptom Sensitivity	Symptoms worsen with over-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	

I certify that I am aware of the current medical guidance on concussion evaluation and management.

LHCP Name: _____

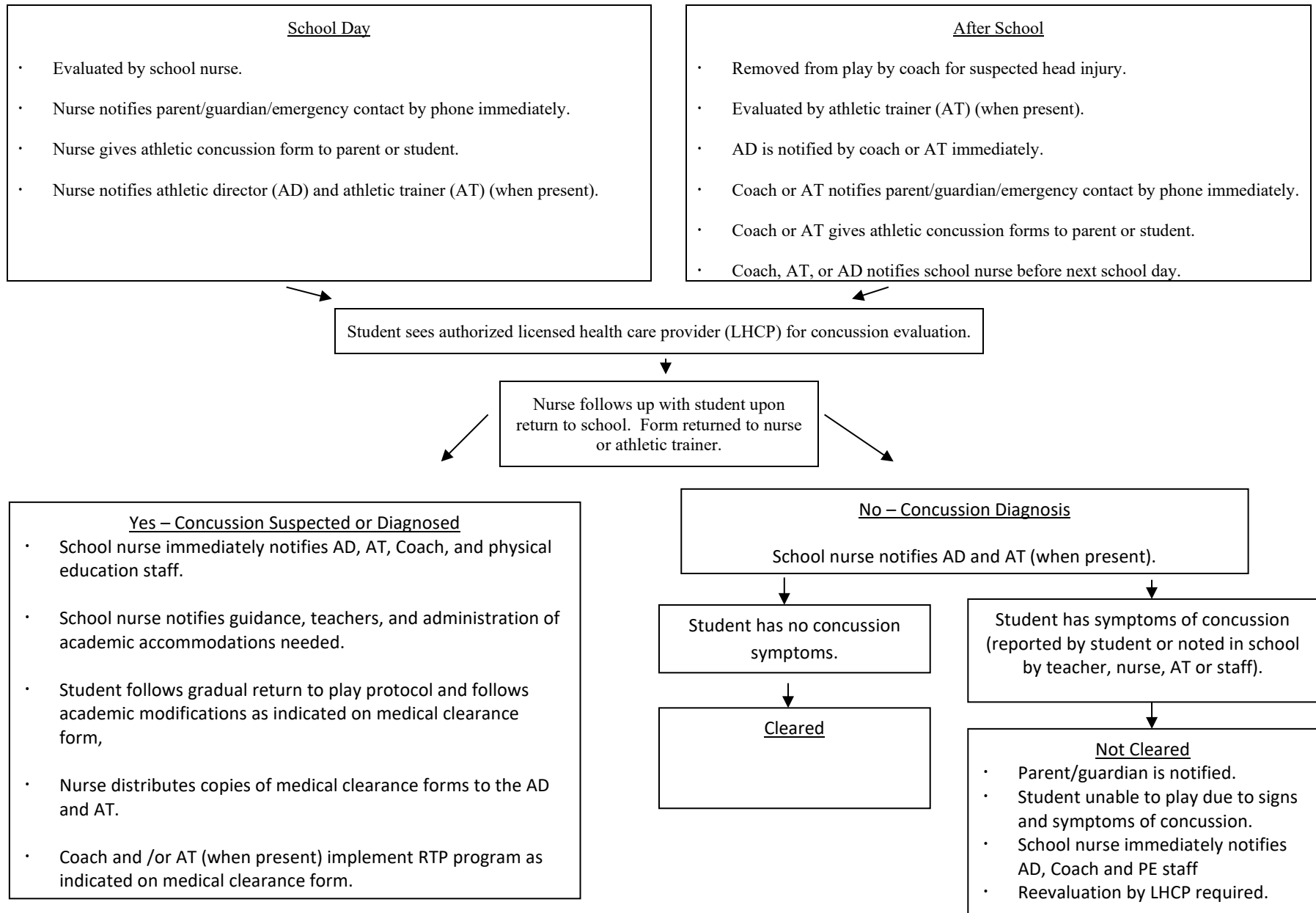
Signature: _____

Date: _____ Phone Number: _____

Office Stamp:

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)

High School Student-Athlete Probable Head Injury Flow Chart



Case Management and Care Coordination -Roles and Responsibilities

A student with a suspected or diagnosed TBI/concussion may need a designated school case manager to coordinate his/her care. Providing appropriate support for a student returning to school after a TBI/concussion requires a coordinated and collaborative team approach. The Task Force recognizes the student, parent, and school staff as integral partners in the management of TBIs/concussions in the school setting. The roles and responsibilities of team members for the management of students with a suspected or diagnosed TBI/concussion may include, but are not limited to, the following:

Team Members	Role(s)	Responsibilities
Student/Athlete	Notify appropriate school staff and parents/guardians about any head injuries	<ul style="list-style-type: none">• Increase education about and awareness of TBIs/concussions including an understanding of signs and symptoms.• Immediately inform school staff and parents/guardians in the event of injury and suspected TBI/concussion.• Participate in care planning, including accommodations for return to learn and return to play authorization.
Parent/Guardian	Integral part of the process of planning, and coordination of care for the health and safety of the student	<ul style="list-style-type: none">• Increase education about and awareness of TBIs/concussions;• Complete and return all necessary pre-participation forms and sports physical forms for the student annually.• Provide the school with emergency contact information that is accurate and updated as needed.• Provide the school with complete and accurate medical information related to the student's TBI/concussion including written health care provider documentation.• Communicate with the school nurse and school staff to develop the plan of care for the student.
School Administrator	Leader of the school team	<ul style="list-style-type: none">• Oversee/ensure implementation of school policies and protocols;• Communicate the importance of concussion management to all necessary school staff.• Encourage communication between all team members; and

Team Members	Role(s)	Responsibilities
		<ul style="list-style-type: none"> Assure effective implementation of Return to Play (RTP) accommodations for students with concussion.
Private Medical Provider	Provide guidance and directives for the student's treatment of TBI/concussion in the school setting	<ul style="list-style-type: none"> Provide written signed orders regarding restrictions and monitoring for specific symptoms that the provider should be made aware of by family and/or school nurse/school staff. Provide the local school system-specific gradual return to activity schedule to follow, or approve use of the district's gradual return to activity schedule if deemed appropriate. Provide written clearance/authorization for return to full activities. (In order for a student to return to athletic activities after he or she has sustained a concussion during school athletic activities, an evaluation must be completed and signed by a licensed physician.)
School Nurse (Registered Nurse)	Leader of the school health nursing team; may serve as a liaison between health care professionals and school- based personnel.	<ul style="list-style-type: none"> Provide education about concussion management to other team members as indicated. Interpret written orders from the health care provider including the return to school order; seek clarification if needed. Institute health-related accommodations as needed in school; Monitor student's status and progress in school and report changes to parent/guardian and health care provider. Communicate status and progress to the athletic department and other school staff on a need-to-know basis. Participate in school support team meetings and 504 Plans. Document nursing care and communication with all team members.
School Counselor	Provide support to the student and family and assist with academic accommodations as needed	<ul style="list-style-type: none"> Communicate with school nurse about student and coordinate information for teaching staff about student's return/treatment. Reinforce student's need for academic rest as ordered. Convene team meetings as needed per student's status.

Team Members	Role(s)	Responsibilities
		<ul style="list-style-type: none"> • Suggest necessary accommodations required to ensure student's success based on information provided by school nurse and health care professional if needed. • Communicate with teachers and monitor effectiveness of classroom accommodations.
School Teachers (General Education and Special Education Teachers)	Ensure appropriate instruction and supports are provided for the student during the transition back to school	<ul style="list-style-type: none"> • Understand the signs and symptoms of TBI/concussion and the potential impact on academic performance. • Provide support for successful re-entry to school. • Participate as a member of the student services support team • Administer necessary testing, if special educator. • Assist in development and implementation of 504 Plan or IEP if applicable. • Assist in the development of short-term, appropriate accommodations in consultation with the school team. • Understand the range of accommodations needed for the student during the school day, including, but not limited to, shorter school day, rest periods, extended time for tests and assignments, copies of notes, alternative assignments, minimizing distractions, audio taping classes, or peer note taking. • Communicate student's progress to school team.
School Psychologist	Resource consultant for the school team	<ul style="list-style-type: none"> • Consult with school team members regarding student(s) with prolonged or complex recovery. • Provide educational and psychological assessments as determined by the school team. • Consult with school team regarding educational planning and accommodations for the student with TBI/concussion.
Speech-Language Pathologist	Supports transition of the student back to school (e.g., return to learn) when necessary	<ul style="list-style-type: none"> • Evaluate the student's current status and needs, including medical information, and provide appropriate recommendations if necessary.

Team Members	Role(s)	Responsibilities
		<ul style="list-style-type: none"> • Assist in the development of a transition plan back to school, as needed. • Review any prior testing performed in the medical setting post-injury and administer additional testing as needed. • Assist in development of an Individualized Education Program (IEP) if applicable. • Suggest appropriate instructional accommodations and modifications for student if applicable. • Provide speech and/or language services if applicable and monitor student progress. • Assist in promoting awareness of TBI/concussion symptoms.
Athletic Director	Provides leadership and supervision of the interscholastic athletic program.	<ul style="list-style-type: none"> • Ensure concussion materials are provided to coaches, athletes, and parents. • Provide concussion materials to coaches, athletes, and parents. • Ensure athletes and parents have signed forms acknowledging receipt of concussion information. • Ensure all coaches have completed annually a recognized concussion training course. • Collect all Student Accident/Concussion forms from coaches. • Provide a copy of the Student Accident/Concussion form to the principal or designee. • Provide a copy of the Student Accident/Concussion form to the school nurse. • When athlete returns, collect the signed Return to Play clearance from the coach. • Provide a copy of the Return to Play clearance form to principal. • Provide a copy of the Return to Play clearance form to school nurse.
Certified Athletic Trainer	Under the supervision of a qualified physician can assist the medical director and coach by identifying a	<ul style="list-style-type: none"> • Educate students and staff in concussion management and prevention.

Team Members	Role(s)	Responsibilities
	student with a potential concussion and evaluate the student diagnosed with TBI/concussion in progress of return to athletic activities based on private medical provider orders and/or district protocol.	<ul style="list-style-type: none"> • Oversee student athletes taking baseline validated standardized computerized tests if permitted by district policy. • Evaluate student-athletes for signs and symptoms of a concussion when present at athletic events. • Observe for late onset of signs and symptoms, and refer as appropriate. • Evaluate the student to determine if injury warrants emergency transport per district policy. • Refer parents/guardians of student athletes believed to have sustained a concussion to their medical provider. • Provide parents/guardians with oral and/or written instructions on observing the student for concussive complications that warrant immediate emergency care. • Assist in implementation of accommodations for the student-athlete. • Monitor the student's return to school activities and communicate with the supervising medical director, school nurse, parent/guardian, and appropriate school staff.
Physical Education Teacher	Provide appropriate instruction and supports for student's transition back to school and during physical education class activities	<ul style="list-style-type: none"> • Recognize signs and symptoms of TBI/concussion and remove student from activities immediately if student presents with signs and symptoms. • Contact the school nurse or certified athletic trainer (if available) for assistance with any student injury (<i>thus transferring responsibility of treatment and parent notification...</i>). • Communicate with school administrator and school nurse regarding suspected TBI/concussion and any head injuries occurring in physical education class and complete required school incident report form. • Verify written authorization for student to participate in physical education activities post-TBI/concussion. • Adhere to the school's gradual return to play protocol.
Coaches	Provides leadership and supervision of the	<ul style="list-style-type: none"> • Adhere to the local school system's policies regarding concussion management and ensure coaching staff, assistant coaches,

Team Members	Role(s)	Responsibilities
	interscholastic sport team to which he/she is assigned.	<p>parents/guardians, and students are educated about concussions and local policies/procedures.</p> <ul style="list-style-type: none"> • Provide students and parents/guardians with concussion information, prior to sports participation. • Review safety techniques, sportsmanship, and proper equipment with student athletes. • Understand the sport and create drills, practice sessions, and instruction to reinforce safety. • During practice and /or contests, remove an athlete if a TBI/concussion is suspected. • Contact parent/guardian to pick up student or call 911 if appropriate or parents cannot be located. • Provide parent and Emergency Medical Technician (EMT) with information about injury or suspected TBI/concussion including signs and symptoms observed. • Complete Student Accident/Injury Form or other school system form regarding TBI/concussion. • Provide a copy of the completed student accident/injury form to athletics director. • Follow up with parents/guardian regarding student athlete's well-being. • Collect the signed Return-to-Play clearance and authorization form. • Provide a copy of the Return to Play clearance form to athletics director and communicate with school administrator and school nurse.