



For official use only:

Name of Athlete \_\_\_\_\_

Sport/season \_\_\_\_\_

Date Received \_\_\_\_\_

## 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, 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 \_\_\_\_\_ 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](http://www.cdc.gov/Concussion).



For official use only:

Name of Athlete \_\_\_\_\_

Sport/season \_\_\_\_\_

Date Received \_\_\_\_\_

## **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** \_\_\_\_\_



For official use only:

Name of Athlete \_\_\_\_\_

Sport/season \_\_\_\_\_

Date Received \_\_\_\_\_

**Medical Clearance for Suspected Head Injury**  
**To be completed by a Licensed Health Care Provider (LHCP)**

Directions: Provide this form to the health care provider evaluating the student's injury. Return form to school nurse immediately. If the student is diagnosed with a concussion, the form will be copied by the school nurse and the original form returned to the parent to use at the follow-up visit that clears the student for participation in athletics.

**Student Name:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**Initial Evaluation**

**Date:** \_\_\_\_\_ **LHCP\* Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Diagnosis:     ☐ No Concussion, may immediately resume all activities without restriction  
                     ☐ Concussion \*

Date student may return to school: \_\_\_\_\_

Note: Student will be removed from all sports and physical education activities at school until medically cleared. School will implement standard academic accommodations unless specific accommodations are requested.

\* (LHCP is a Physician, Nurse Practitioner, Physician's Assistant, Neuropsychologist)

**\*Follow-Up Evaluation (Required for Athletes with Concussions)**

All student athletes with concussions must be medically cleared before beginning supervised Gradual Return to Sports /Physical Education Participation (RTP) program. According to COMAR 13A.06.08.01, the following licensed health care providers are permitted to authorize a student athlete to return to play:

- (1) A licensed physician trained in the evaluation and management of concussions;
- (2) A licensed physician's assistant trained in the evaluation and management of concussions in collaboration with the physician assistant's supervising physician or alternate supervising physician within the scope of the physician assistant's Delegation Agreement approved by the Board of Physicians;
- (3) A licensed nurse practitioner trained in the evaluation and management of concussions;
- (4) A licensed psychologist with training in neuropsychology and in the evaluation and management of concussions; or
- (5) A licensed athletic trainer trained in the evaluation and management of concussions, in collaboration with the athletic trainer's supervising physician or alternate supervising physician and within the scope of the Evaluation and Treatment protocol approved by the Board of Physicians.

I certify that I am aware of the current medical guidance on concussion evaluation and management; the above-named student-athlete has met all of the criteria for medical clearance for his/her recent concussion, and as of the date below is ready to return to a supervised Gradual Return to Sports/Physical Education Participation (RTP) program (lasting a minimum of 5 days.) Note: Students whose symptoms return during the RTP progression will be directed to stop the activity, rest until symptom free. The student will resume activity at the previous stage of the protocol that was completed without recurrence of symptoms. Students with persistent symptom return will be referred to their health care provider for evaluation.

**Date:** \_\_\_\_\_ **LHCP Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<sup>1</sup> 2010 AAP Sport-Related Concussion in Children and Adolescents, 2008 Zurich Concussion in Sport Group Consensus.



For official use only:

Name of Athlete \_\_\_\_\_

Sport/season \_\_\_\_\_

Date Received \_\_\_\_\_

## Graduated Return to Play Protocol

Description of Stage	Date Completed	Supervised by
<b>STAGE 1: LIGHT AEROBIC ACTIVITY</b> <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 jogging, stationary bike or treadmill		
<b>STAGE 2: HEAVY AEROBIC AND STRENGTH ACTIVITY</b> <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: <ul style="list-style-type: none"> <li>• 4 laps around field or 10 minutes on stationary bike, and</li> <li>• Ten 60 yard sprints, and</li> <li>• 5 sets of 5 reps: Front squats/push-ups/shoulder press, and</li> <li>• 3-5 laps or walking lunges</li> </ul>		
<b>STAGE 3: FUNCTIONAL, INDIVIDUAL SPORT-SPECIFIC DRILLS WITHOUT RISK OF CONTACT</b> <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 trainer. NOTE: no heading of soccer ball or drills involving blocking sled.		
<b>STAGE 4: NON-CONTACT PRACTICE</b> <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 participation in team's regular strength and conditioning program. NOTE: no heading of soccer ball or drills involving blocking sled permitted.		
<b>STAGE 5: FULL-CONTACT PRACTICE AND FULL PARTICIPATION IN PHYSICAL EDUCATION</b> <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		
<b>STAGE 6: RETURN TO GAME</b> <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		

**For official use only:**

**Name of Athlete** \_\_\_\_\_

**Sport/season** \_\_\_\_\_

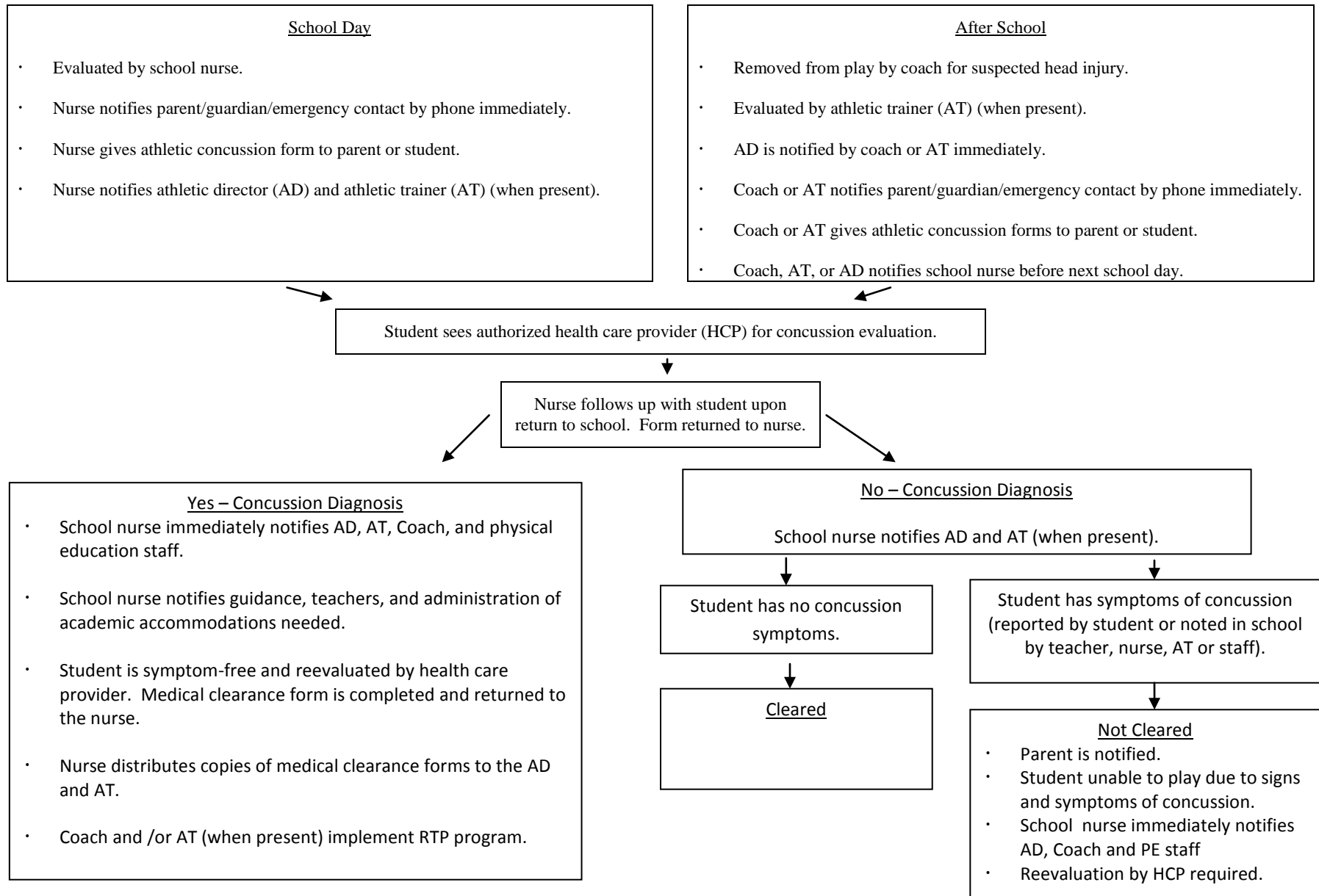
**Date Received** \_\_\_\_\_

## 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)

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

Team Members	Role(s)	Responsibilities
		<ul style="list-style-type: none"> <li>Assure effective implementation of Return to Play (RTP) accommodations for students with concussion.</li> </ul>
<b>Private Medical Provider</b>	Provide guidance and directives for the student's treatment of TBI/concussion in the school setting	<ul style="list-style-type: none"> <li>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.</li> <li>Provide the local school system-specific graduated return to activity schedule to follow, or approve use of the district's graduated return to activity schedule if deemed appropriate.</li> <li>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.)</li> </ul>
<b>School Nurse (Registered Nurse)</b>	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"> <li>Provide education about concussion management to other team members as indicated.</li> <li>Interpret written orders from the health care provider including the return to school order; seek clarification if needed.</li> <li>Institute health-related accommodations as needed in school;</li> <li>Monitor student's status and progress in school and report changes to parent/guardian and health care provider.</li> <li>Communicate status and progress to the athletic department and other school staff on a need-to-know basis.</li> <li>Participate in school support team meetings and 504 Plans.</li> <li>Document nursing care and communication with all team members.</li> </ul>
<b>School Counselor</b>	Provide support to the student and family and assist with academic accommodations as needed	<ul style="list-style-type: none"> <li>Communicate with school nurse about student and coordinate information for teaching staff about student's return/treatment.</li> <li>Reinforce student's need for academic rest as ordered.</li> <li>Convene team meetings as needed per student's status.</li> </ul>



Team Members	Role(s)	Responsibilities
		<ul style="list-style-type: none"> <li>• Suggest necessary accommodations required to ensure student's success based on information provided by school nurse and health care professional if needed.</li> <li>• Communicate with teachers and monitor effectiveness of classroom accommodations.</li> </ul>
<b>School Teachers (General Education and Special Education Teachers)</b>	Ensure appropriate instruction and supports are provided for the student during the transition back to school	<ul style="list-style-type: none"> <li>• Understand the signs and symptoms of TBI/concussion and the potential impact on academic performance.</li> <li>• Provide support for successful re-entry to school.</li> <li>• Participate as a member of the student services support team</li> <li>• Administer necessary testing, if special educator.</li> <li>• Assist in development and implementation of 504 Plan or IEP if applicable.</li> <li>• Assist in the development of short-term, appropriate accommodations in consultation with the school team.</li> <li>• 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.</li> <li>• Communicate student's progress to school team.</li> </ul>
<b>School Psychologist</b>	Resource consultant for the school team	<ul style="list-style-type: none"> <li>• Consult with school team members regarding student(s) with prolonged or complex recovery.</li> <li>• Provide educational and psychological assessments as determined by the school team.</li> <li>• Consult with school team regarding educational planning and accommodations for the student with TBI/concussion.</li> </ul>
<b>Speech-Language Pathologist</b>	Supports transition of the student back to school (e.g., return to learn) when necessary	<ul style="list-style-type: none"> <li>• Evaluate the student's current status and needs, including medical information, and provide appropriate recommendations if necessary.</li> <li>• Assist in the development of a transition plan back to school, as</li> </ul>

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

Team Members	Role(s)	Responsibilities
	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"> <li>• Evaluate student-athletes for signs and symptoms of a concussion when present at athletic events.</li> <li>• Observe for late onset of signs and symptoms, and refer as appropriate.</li> <li>• Evaluate the student to determine if injury warrants emergency transport per district policy.</li> <li>• Refer parents/guardians of student athletes believed to have sustained a concussion to their medical provider.</li> <li>• Provide parents/guardians with oral and/or written instructions on observing the student for concussive complications that warrant immediate emergency care.</li> <li>• Assist in implementation of accommodations for the student-athlete.</li> <li>• Monitor the student's return to school activities and communicate with the supervising medical director, school nurse, parent/guardian, and appropriate school staff.</li> </ul>
<b>Physical Education Teacher</b>	Provide appropriate instruction and supports for student's transition back to school and during physical education class activities	<ul style="list-style-type: none"> <li>• Recognize signs and symptoms of TBI/concussion and remove student from activities immediately if student presents with signs and symptoms.</li> <li>• 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>).</li> <li>• 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.</li> <li>• Verify written authorization for student to participate in physical education activities post-TBI/concussion.</li> <li>• Adhere to the school's gradual return to play protocol.</li> </ul>
<b>Coaches</b>	Provides leadership and supervision of the interscholastic sport team to which he/she is	<ul style="list-style-type: none"> <li>• Adhere to the local school system's policies regarding concussion management and ensure coaching staff, assistant coaches, parents/guardians, and students are educated about concussions and local policies/procedures.</li> </ul>

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