

Tokay High School

Head Injury Referral Form*

*This form is adapted from the Acute Concussion Evaluation (ACE) care plan from the CDC (www.cdc.gov/injury).

Name: _____ Age: _____ Grade: _____ Sport: _____

Date: _____ Time of Injury: _____ Reporter Name: _____

Title (Admin, Coach, ATC, etc.): _____

Description of Injury (please include as much detail as possible): _____

Has athlete ever had a concussion? Yes No If yes, how many? _____

Was there a loss of consciousness? Yes No Unclear

Is there evidence of intracranial injury or skull fracture? Yes No Unclear

Location of impact: Front Back Right side Left side Neck Indirect force Unclear

Symptoms Observed/Reported

Headache Yes No Balance problems Yes No

Dizziness Yes No Vision problems Yes No

Nausea Yes No Mood changes/emotional Yes No

Vomiting Yes No Drowsy/sleepy Yes No

Fatigue Yes No Memory loss Yes No

Sensitivity to light Yes No Ringing in ears Yes No

Sensitivity to noise Yes No Abnormal eye movement Yes No

Other (please specify): _____

Parents Notified: Yes No Time of referral recommendation: _____

Completed By: _____ Title: _____ Phone #: _____

Signature: _____ Date: _____

Physician Evaluation

Did the athlete sustain a concussion? (Yes or No must be selected)

YES (select one option below)

DO NOT return to activity until cleared by a physician

Athlete is cleared for participation after (check **ONE**)

7 days (minimum per CIF bylaw)

Other (must be **AT LEAST** 7 days per CIF bylaw): _____

NO (select one option below)

Athlete **DID NOT** sustain a concussion and is cleared for full participation in all activities without restrictions beginning: _____

Athlete **DID NOT** sustain a concussion and is **CLEARED** for full participation in all activities without restrictions beginning tomorrow. Return of symptoms should result in removal from activity and re-evaluation by physician.

Comments: _____

Physician/Provider (print): _____ Phone #: _____

Signature: _____ Date: _____

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(Retrieved from http://www.cifstate.org/governance/constitution/500_Series.pdf)

ARTICLE 50 GENERAL RULES (500 series revised May 2014 Federated Council)

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- H. **Concussion Protocol**
A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion, determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of no less than seven (7) full days from the time of diagnosis under the supervision of a licensed health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent(s)/guardian(s)/caregiver before the athlete's initial practice or competition.
(Approved May 2010 Federated Council/Revised May 2012 Federated Council/Revised January 2015 Federated Council)
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