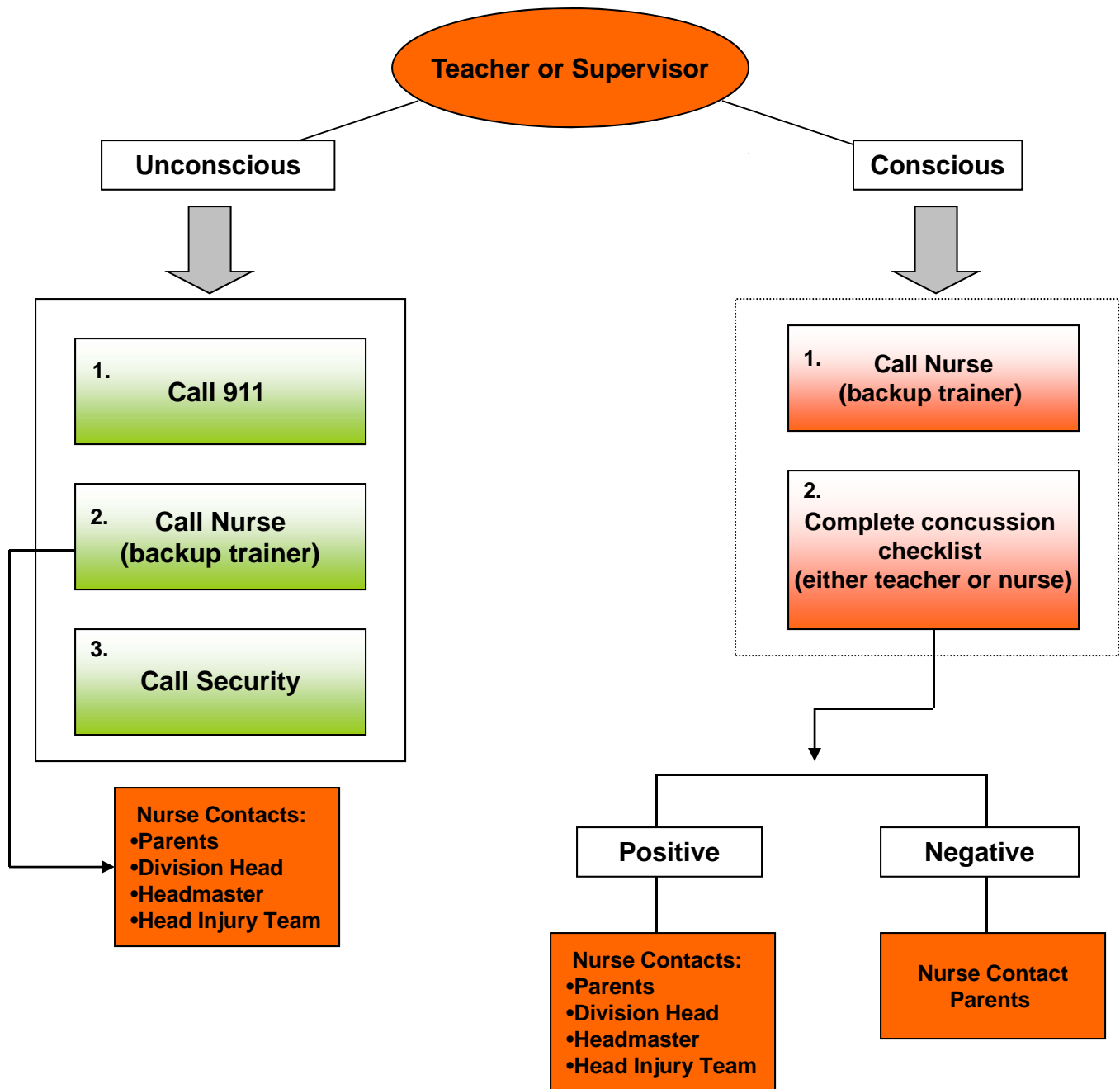


# IN-HOUSE STUDENT HEAD INJURY: EVALUATION AND ACTION STEPS FOR FACULTY/STAFF

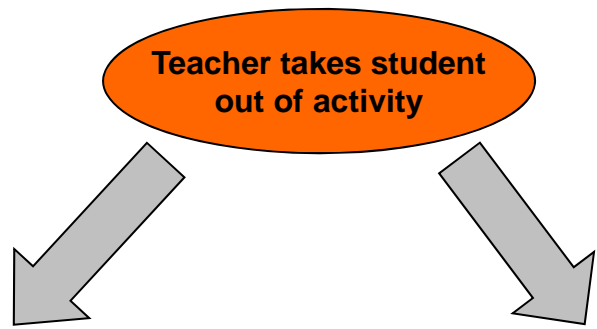


**The following must be completed:**

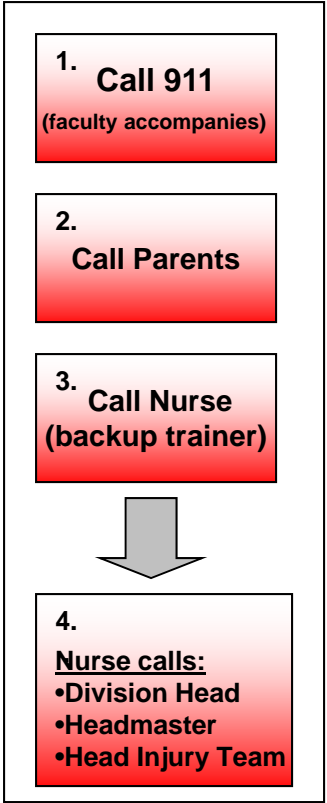
- Concussion checklist
- Give parent(s) the following:
- Copy of concussion checklist
- Parent info form on head injuries
- Blank physician info form

**Important Contacts:**  
Nurse: 917-509-4355  
Trainer: 646-235-7029  
Security: 212-812-8587

# OFF-SITE STUDENT HEAD INJURY: EVALUATION AND ACTION STEPS FOR FACULTY AND STAFF



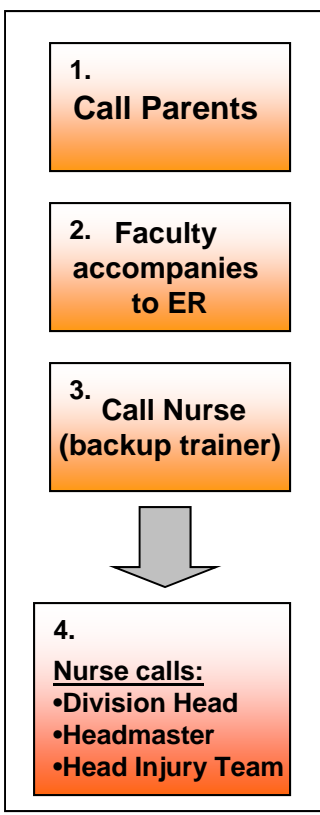
**Unconscious**



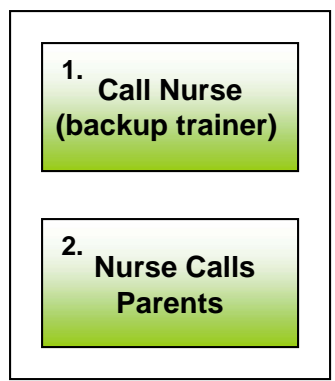
**Conscious**



**Positive**



**Negative**



**Forms**

911 Receives:

- Observer concussion checklist
- Physician eval. for concussion

Parents Receive:

- Parent concussion sheet
- Physician evaluation for concussion

Nurse Receives:

- Accident form by someone on scene

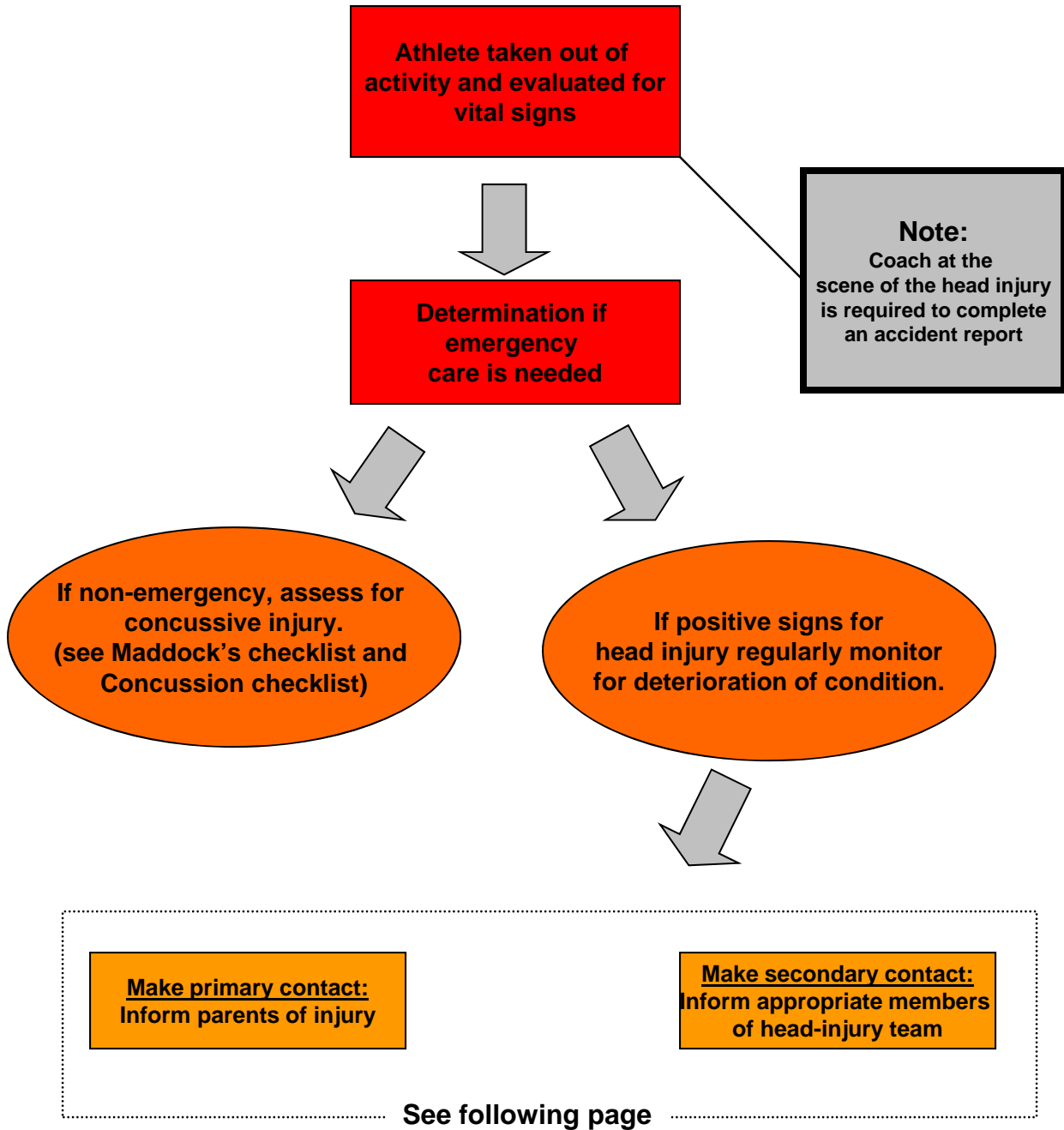
**Important Contacts:**

**Nurse: 917-509-4355**

**Trainer: 646-235-7029**

**Security: 212-812-8587**

# Athletics Related Sideline Head Injury Evaluation and Action Steps

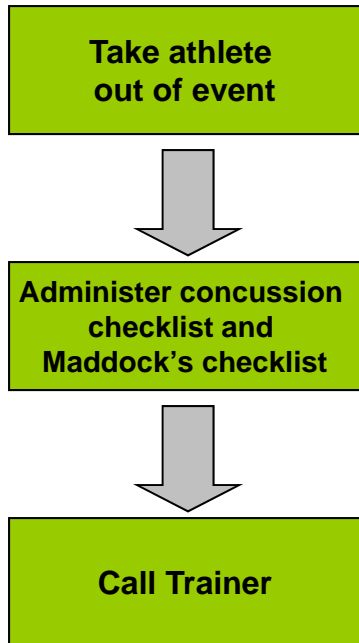


**Important Contacts:**  
Nurse: 917-509-4355  
Trainer: 646-235-7029  
Security: 212-812-8587

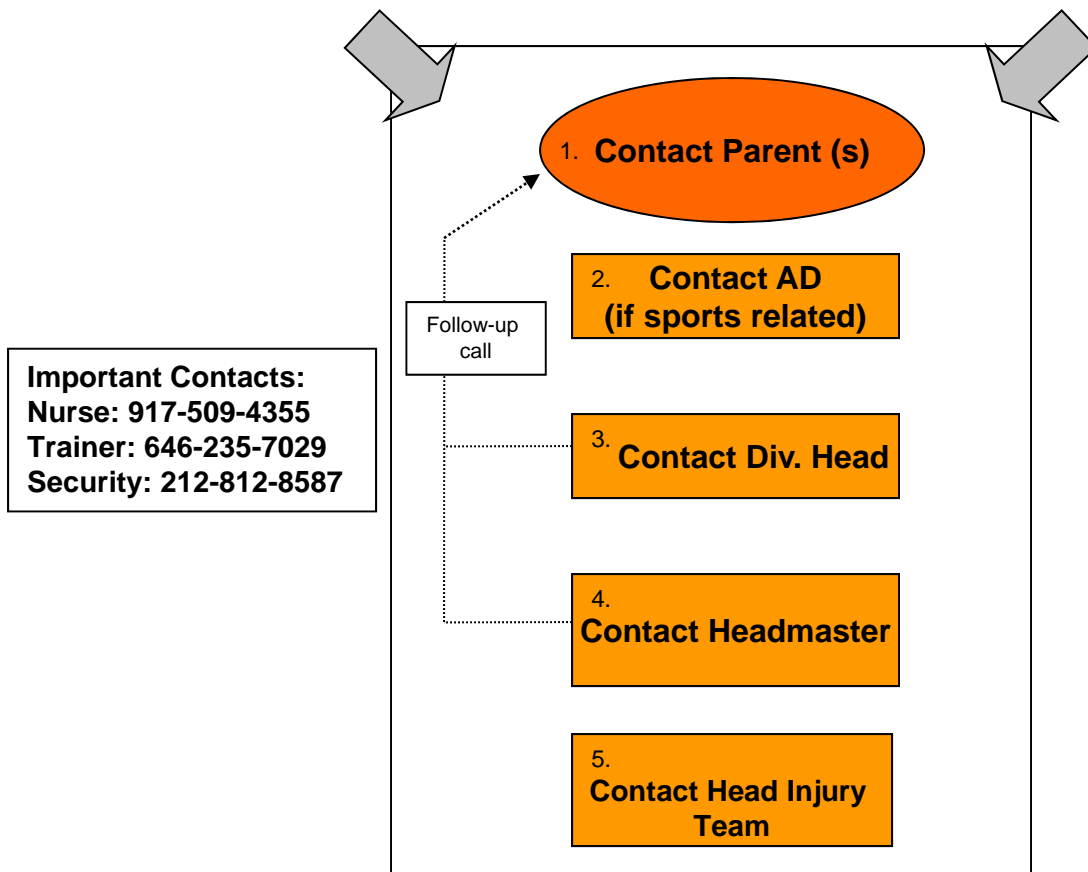
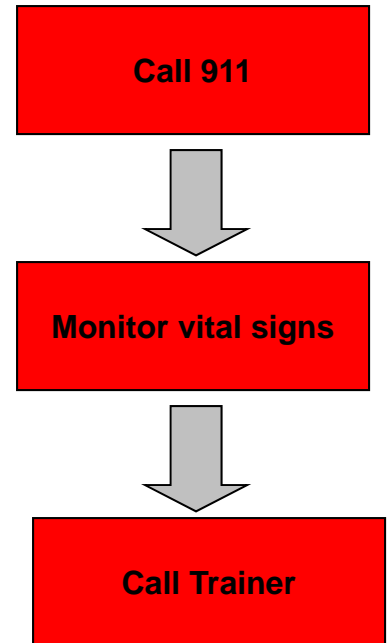
# Athletics Related Head Injury/Concussion: Action Plan

(if Trainer not present)

## No Loss of Consciousness



## Loss of Consciousness



# Athletics Related Head Injury/Concussion: Communication List

