2022-2023
ATHLETICS INFORMATIONAL PACKET

TABLE OF CONTENTS

1. CONCUSSION INFORMATION SHEET
2. SUDDEN CARDIAC ARREST AWARENESS FORM
3. GUIDE FOR PARENT/COACH COMMUNICATION BROCHURE
4. SUGGESTED GUIDELINES FOR MANAGEMENT OF CONCUSSION IN SPORTS-NFHS BROCHURE
5. ELIGIBILITY BROCHURE
6. COROLLARY ATHLETIC PROGRAM BROCHURE
7. GUIDE FOR STUDENT ATHLETES AND PARENTS
8. STUDENT ATHLETE PROBABLE HEAD INJURY PROCEDURE
9. MEDICAL CLEARANCE FOR STUDENT-ATHLETE SUSPECTED HEAD INJURY
10. GRADUATED RETURN TO PLAY PROTOCOL

CONTENTS AVAILABLE AT WWW.CARROLLK12.ORG – ATHLETICS - OR AT YOUR HIGH SCHOOL’S MAIN OFFICE
CARROLL COUNTY PUBLIC SCHOOLS
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete who has suffered any injury to or around the head should be removed from the game/practice and evaluated by the trainer. Upon examination if a head/neck injury or concussion is suspected, regardless of how mild, or how quickly symptoms clear the student athlete may not return to practice/game without medical clearance. Close observation of the athlete should continue for several hours. The Carroll County Public School System requires the consistent and uniform implementation of well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“…may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach/athletic trainer if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/Concussion

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009; adapted 1/13/2010
A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports 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. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More Emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred Speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009; adapted 1/13/2010
Sudden Cardiac Arrest Awareness Form

1. What is Sudden Cardiac Arrest?
   - A condition in which the heart suddenly and unexpectedly stops
   - An electrical malfunction (short-circuit) which causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
   - The heart cannot pump blood to the brain, lungs, and other vital organs of the body.
   - The person loses consciousness (passes out) and has no pulse.
   - Death occurs within minutes if not treated immediately.

2. What are the symptoms/warning signs of Sudden Cardiac Arrest?
   - Fainting/blackouts (especially during exercise)
   - Dizziness
   - Unusual Fatigue/weakness
   - Chest pain
   - Shortness of breath
   - Nausea/vomiting
   - Palpitations (heart is unusually fast or skipping beats)
   - Family history of sudden cardiac arrest at age less than 50
   The presence of ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your health care provider before returning to practice or a game.

3. What is the treatment for Sudden Cardiac Arrest?
   - Time is critical and an immediate response is vital
   - CALL 911
   - Begin CPR
   - Use an Automated External Defibrillator (AED)

4. What causes Sudden Cardiac Arrest?
   - Conditions present at birth
     - Inherited (passed on from parents/relatives) condition of the heart muscle;
       - Hypertrophic Cardiomyopathy - hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in the United States.
       - Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
       - Marfan Syndrome – a disorder of the structure of blood vessels that make them prone to rupture; often associated with very long arms and unusually flexible joints.
     - Inherited conditions of the electrical system
       - Long QT Syndrome – abnormality in the ion channels (electrical systems) of the heart
       - Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) and Brugada Syndrome – other types of electrical abnormalities that are inherited.
Non-inherited (not passed on from the family but still present at birth) conditions;
- **Coronary Artery Abnormalities** – abnormality of blood vessels that supply blood to the heart. The second most common cause of sudden cardiac arrest in athletes in the United States.
- **Aortic Valve Abnormalities** – failure of the aortic (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
- **Non-Compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
- **WOIFF-Parkinson/White Syndrome** – an extra conducting fiber is present in the heart’s electrical system and can increase the risk of arrhythmias.

- **Conditions not present at birth but acquired later in life**
  - **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
  - **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
  - **Recreational/Performance Enhancing drug use** – use of drugs such as cocaine, and or high doses of stimulants can be associated with Sudden Cardiac Arrest.

- **Idiopathic**: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

**Risk of Inaction** - Given that only 10.4% of EMS-treated non-traumatic victims of any age survive, the risk of ignoring signs and symptoms can lead to catastrophic consequences.

By signing the Authorization for Participation in Interscholastic/Corollary Athletics, I acknowledge that I have received information on all of the following:

- The definition of a Sudden Cardiac Arrest
- The signs and symptoms of Sudden Cardiac Arrest to observe for or that may be reported by my athlete
- What to do if I think my athlete requires medical attention due to Sudden Cardiac Arrest.
If You Have a Concern to Discuss With a Coach, This is the Procedure You Should Follow

There are situations that may require a conference between the coach, parent and student-athlete. These are encouraged. It is important that all parties involved have a clear understanding of the other’s position. When these conferences are necessary, the following procedure should be used to help promote a resolution of the issue:

1) Have your child discuss concerns directly with the coach.
2) If a resolution is not met, parent should contact the coach (via e-mail or school phone) to set up an appointment with parent and student-athlete.
3) If the coach cannot be reached, call the Athletic Director. He will set up the meeting for you.
4) Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and coach.
5) Use the 24-hour rule - wait to discuss a situation with a coach until 24 hours after the contest.
6) If a resolution cannot be reached with the coach, please call the AD for an appointment.

As your child becomes involved in athletic programs in Carroll County Public Schools, he/she will experience some of the most rewarding moments of his or her life. It is important to understand that there also may be times when things do not go the way you or your child wishes. At these times, discussion with the coach is encouraged.

July 2022
Athletic Philosophy

Carroll County Public Schools is committed to the belief that interscholastic activities are basic to sound educational principles of secondary education. Activities are a social force which teach values/achievement by providing a mechanism for student physical, psychological, and emotional growth, which may not be found in similar form and circumstances in the classroom curriculum.

Participation in activities offers or reinforces responsible social processes. Additionally, beyond the school environment, activities provide an essential means for students to contribute to the immediate and broader welfare of the community to which they belong and from which they derive benefits. Educational experiences gained through activities programs are opportunities to learn, promote, and reinforce the elements that influence students to become productive citizens in a democratic society.

- Adapted from the National Federation of State High School Association -

Parent Code

As parents of students in Carroll County Public Schools, we understand that attending any school activity or athletic event (paid or unpaid) does not give us the right to be un-sportsmanlike, abusive physically or verbally to advisors, officials, players, coaches or fans.

We understand that attending a CCPS athletic event or extracurricular activity is a privilege and that school personnel may revoke the privilege temporarily or permanently for inappropriate conduct.

Parent/Coach Relationship

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each role, we are able to communicate the benefits of extra-curricular activities to children. As parents, when your children become involved in the athletic program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach.

Communication You Should Expect From Your Son’s/Daughter’s Coach

1) Philosophy of the coach  
2) Expectations the coach has for your child as well as all players  
3) Locations and times of all practices and contests.  
4) Team requirements, i.e., fees, special equipment, off-season conditioning, etc.  
5) Procedure should your child be injured during participation  
6) Discipline that results in the denial of your child’s participation

Communication Coaches Expect From Parents

The coach of your child’s sport expects to receive the following communications from parents:
1) Concerns expressed directly to coach  
2) Notification of any schedule conflicts well in advance  
3) Specific concern in regard to a coach’s philosophy and/or expectations

Appropriate Concerns to Discuss With Coaches

1) Expectations for your son/daughter during practices and games  
2) Ways to help your child to improve  
3) Concerns about your child  
4) Academic support and college opportunities

Issues Not Appropriate to Discuss with Coaches

1) Playing time  
2) Team strategy  
3) Play calling  
4) Other student athletes

It is very difficult to accept your child not playing as much as you may hope. Coaches are professionals. They make judgment decisions based on what they believe to be the best for all students involved. As you have seen from the list above, certain things can be and should be discussed with your child’s coach. Other things must be left to the discretion of the coach.
SIGNS AND SYMPTOMS OF CONCUSSION
Concussions can appear in many different ways. Listed below are some of the signs and symptoms frequently associated with concussions. Most signs, symptoms and abnormalities after a concussion fall into the four categories listed below. A coach, parent or other person who knows the athlete well can often detect these problems by observing the athlete and/or by asking a few relevant questions of the athlete, official or a teammate who was on the field or court at the time of the concussion. Below are some suggested observations and questions a non-medical individual can use to help determine whether an athlete has suffered a concussion and how urgently he or she should be sent for appropriate medical care.

1. PROBLEMS IN BRAIN FUNCTION:
   a. Confused state – dazed look, vacant stare or confusion about what happened or is happening
   b. Memory problems – can’t remember assignment on play, opponent, score of game, or period of the game; can’t remember how or with whom he or she traveled to the game, what he or she was wearing, what was eaten for breakfast, etc.
   c. Symptoms reported by athlete – Headache, nausea or vomiting; blurred or double vision; oversensitivity to sound, light or touch; ringing in ears; feeling foggy or groggy; dizziness.
   d. Lack of sustained attention – difficulty sustaining focus adequately to complete a task, a coherent thought or a conversation.

2. SPEED OF BRAIN FUNCTION: Slow response to questions, slow slurred speech, incoherent speech, slow body movements and slow reaction time.

3. UNUSUAL BEHAVIORS: Behaving in a combative, aggressive or very silly manner; atypical behavior for the individual; repeatedly asking the same question over and over; restless and irritable behavior with constant motion and attempts to return to play; reactions that seem out of proportion and inappropriate; and having trouble resting or “finding a comfortable position.”

4. PROBLEMS WITH BALANCE AND COORDINATION: Dizziness, slow clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

IF NO MEDICAL PERSONNEL ARE ON HAND AND AN INJURED ATHLETE HAS ANY OF THE ABOVE SYMPTOMS, HE OR SHE SHOULD BE SENT FOR APPROPRIATE MEDICAL CARE.

CHECKING FOR CONCUSSION
The presence of any of the signs or symptoms that are listed in this brochure suggest a concussion has most likely occurred. In addition to observation and direct questioning for symptoms, medical professionals have a number of other instruments to evaluate attention, processing speed, memory, balance, reaction time, and ability to think and analyze information (called executive brain function). These are the brain functions that are most likely to be adversely affected by a concussion and most likely to persist during the post concussion period.

If an athlete seems “clear” he or she should be exercised enough to increase the heart rate and then evaluate if any symptoms return before allowing that athlete to practice or play.

Computerized tests that can evaluate brain function are now being used by some medical professionals at all levels of sports from youth to professional and elite teams. They provide an additional tool to assist physicians in determining when a concussed athlete appears to have healed enough to return to school and play. This is especially helpful when dealing with those athletes denying symptoms in order to play sooner.

For non-medical personnel, the Centers for Disease Control and Prevention (CDC) has also developed a tool kit (“Heads Up: Concussion in High School Sports”), which has been made available to all high schools, and has information for coaches, athletes and parents. The NFHS is proud to be a co-sponsor of this initiative.

PREVENTION
Although all concussions cannot be prevented, many can be minimized or avoided. Proper coaching techniques, good officiating of the existing rules, and use of properly fitted equipment can minimize the risk of head injury. Although the NFHS advocates the use of mouthguards in nearly all sports and mandates them in some, there is no convincing scientific data that their use will prevent concussions.

References:
INTRODUCTION

Concussions are a common problem in sports and have the potential for serious complications if not managed correctly. Even what appears to be a “minor ding or bell ringer” has the real risk of catastrophic results when an athlete is returned to action too soon. The medical literature and lay press are reporting instances of death from “second impact syndrome” when a second concussion occurs before the brain has recovered from the first one regardless of how mild both injuries may seem.

At many athletic contests across the country, trained and knowledgeable individuals are not available to make the decision to return concussion athletes to play. Frequently, there is undo pressure from various sources (parents, player and coach) to return a valuable athlete to action. In addition, often there is unwillingness by the athlete to report headaches and other findings because the individual knows it would prevent his or her return to play.

Outlined below are some guidelines that may be helpful for parents, coaches and others dealing with possible concussions. Please bear in mind that these are general guidelines and must not be used in place of the central role that physicians and athletic trainers must play in protecting the health and safety of student-athletes.

SIDELINE MANAGEMENT OF CONCUSSION

1. Did a concussion take place? Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur. (See other side for signs and symptoms)

2. Does the athlete need immediate referral for emergency care? If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exist, the athlete should be referred at once for emergency care.

3. If no emergency is apparent, how should the athlete be monitored? Every 5-10 minutes, mental status, attention, balance, behavior, speech and memory should be examined until stable over a few hours. If appropriate medical care is not available, an athlete even with mild symptoms should be sent for medical evaluation.

4. No athlete suspected of having a concussion should return to the same practice or contest, even if symptoms clear in 15 minutes.

MANAGEMENT OF CONCUSSIONS AND RETURN TO PLAY

(See “SIDELINE DECISION-MAKING” Below)

Increasing evidence is suggesting that initial signs and symptoms, including loss of consciousness and amnesia, may not be very predictive of the true severity of the injury and the prognosis or outcome. More importance is being assigned to the duration of such symptoms and this, along with data showing symptoms may worsen some time after the head injury, has shifted focus to continued monitoring of the athlete. This is one reason why these guidelines no longer include an option to return an athlete to play even if clear in 15 minutes and why there is no discussion about the “Grade” of the concussion.

Any athlete who is removed from play because of a concussion should have medical clearance from an appropriate health care professional before being allowed to return to play or practice. The Second International Conference on Concussion held in Prague recommends an athlete should not return to practice or competition in sport until he or she is asymptomatic including after exercise.

Recent information suggests that mental exertion, as well as physical exertion, should be avoided until concussion symptoms have cleared. Premature mental or physical exertion may lead to more severe and more prolonged post concussion period. Therefore, the athlete should not study, play video games, do computer work or phone texting until his or her symptoms are resolving. Once symptoms are clear, the student-athlete should try reading for short periods of time. When 1-2 hours of studying can be done without symptoms developing, the athlete may return to school for short periods gradually increasing until a full day of school is tolerated without return of symptoms.

Once the athlete is able to complete a full day of school work, without PE or other exertion, the athlete can begin the gradual return to play protocol as outlined below. Each step increases the intensity and duration of the physical exertion until all skills required by the specific sport can be accomplished without symptoms. These recommendations have been based on the awareness of the increased vulnerability of the brain to concussions occurring close together and of the cumulative effects of multiple concussions on long-term brain function. Research is now revealing some fairly objective and relatively easy-to-use tests which appear to identify subtle residual deficits that may not be obvious from the traditional evaluation. These identifiable abnormalities frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to play in relative safety. The significance of these deficits is still under study and the evaluation instruments represent a work in progress. They may be helpful to the professional determining return to play in conjunction with consideration of the severity and nature of the injury; the interval since the last head injury; the duration of symptoms before clearing; and the level of play.

SIDELINE DECISION-MAKING

1. No athlete should return to play (RTP) on the same day of concussion.
2. Any athlete removed from play because of a concussion must have medical clearance from an appropriate health care professional before he or she can resume practice or competition.
3. Close observation of athlete should continue for a few hours.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based on return of any signs or symptoms.

MEDICAL CLEARANCE RTP PROTOCOL

1. No exertional activity until asymptomatic.
2. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
3. Initiate aerobic activity fundamental to specific sport such as skating or running, and may also begin progressive strength training activities.
4. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
5. Full contact in practice setting.
6. If athlete remains asymptomatic, he or she may return to game/play.

A. ATHLETE MUST REMAIN ASYMPTOMATIC TO PROGRESS TO THE NEXT LEVEL.
B. IF SYMPTOMS RECUR, ATHLETE MUST RETURN TO PREVIOUS LEVEL.
C. MEDICAL CHECK SHOULD OCCUR BEFORE CONTACT.
Successful completion of the assessment shall occur within 15 school days of the first day of sanctions.

c. Third and Subsequent Offense Category One Violation – The student:
- shall be placed on restricted eligibility for 45 school days. In addition, at the discretion of the principal, the student may be restricted from participating in dances, proms and other student activities not otherwise listed in this regulation.
- may attend as an observer, but may not participate in a competition or public performance of the team/group for which the student is a member. The student may travel, sit with the team/group, and be in uniform.
- shall be referred for a mandatory alcohol/drug assessment. Refer-

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2.3 Administrative Procedures for Category 3 Offenses
Category Three Offenses include:
- possession, use, manufacturing, attempted distribution or distribu-

- possession or use of over-the-counter drugs/medications, in excess of the recom-mended dosage, on school property or at school sponsored events.
- violations resulting in suspension under the serious threats of violence regulations or violent acts regulations;
- use of medicine, prescribed for another, on school property or at school sponsored or related activities;
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III. Other Definitions

- Academic Eligibility Time Period: the period of time between report card issue dates.
- Constructive Possession: failure to remove oneself as quickly and safely as possible from a person, area, or situation where alco-
hol/drugs are illegally possessed.
- Curricular Activities: those activities that are a part of a credit bearing class whether they occur during the school day (e.g.; field trips), or outside the school day (e.g.; converts). Music courses with a performance component will have one school concert near the end of each semester and one county-level as-
sessment per year which are curricular. Music performances and activities beyond those stated in this definition are extracur-
ricular.
- Eligible: meets the criteria to participate in extracurricular activities. Per the MD Public Secondary Schools Athletic Asn (MPSSAA), students in grades 9-12 may be considered eligible for a maximum of four semesters in any one sport or activity.
- End of Marking Periods: date set by Carroll County Public Schools as the end of each grading period.
- Full-Time Student: enrollment of a student for more than fifty percent of the class periods occurring in a school day at a partic-
ular school; of the classes scheduled, more than fifty percent of the classes shall be credit bearing (i.e. in a four mod day, a stu-
dent enrolled in 4 classes must have at least 2 credit bearing classes; a student enrolled in 4 classes must have at least 3 credit bearing classes).
- Ineligible: does not meet the criteria to participate in any way in extracurricular activities during one or more of the eight consecu-
tive semesters of eligibility that begin with a student’s entry into 9th grade.
- Interim Report Period: a formal grade reporting date estab-
lished for all schools that identifies the midpoint of a marking period.
- Leadership: elected or appointed student positions in school or county organizations which have, by the nature of the position, a leadership role (e.g.; MSA, class officer).
- Marking Period: a period of time, approximately nine school weeks in length, for which grades are calculated and then re-
oted.
- Participate: involvement in one or more school sponsored events or activities.
- Restricted Eligibility: student is not fully eligible to participate in extracurricular activities. Limited participation as part of a school sponsored team or group. May not participate in competi-
tion, public performance or leadership roles, but may partici-
pate in meetings and practices.
- School Day: one of the completed state mandated days of attend-
ance as indicated on the official Carroll County Public Schools’ calendar. Eligibility shall be based on the beginning of the next school day following the period of ineligibility. Please

Note: Inclement weather days do not count as a school day in this regulation.

IV. General Standards, Guidelines, Information

- A student shall be enrolled as a full-time student in order to be eligible to participate in extracurricular activities.
- A student shall be enrolled full-time in the school offering the activity in which the student wishes to participate.
- A student entering Carroll County Public Schools as a transfer student shall meet the same eligibility requirements as all other students enrolled in Carroll County Public Schools.
- Failure to meet appropriate standards in any one, or more, of the areas outlined in this regulation will result in a student losing the privilege of participating in extracurricular activities.
- The principal, in consultation with the appropriate Director, may determine a student ineligible due to the student violating Carroll County Public Schools’ policies and regulations not otherwise addressed in this regulation.
- Any student who is ineligible but participates in a contest/activity while ineligible shall cause the team/group to forfeit that con-
test/performance (MPSSAA Policy).
- A specific team membership, athletic position, performance role, leadership position, etc. may or may not be available for the stu-
dent to resume, upon regaining eligibility.
- All elementary and middle school has specific guidelines and requirements for one or more extracurricular activities offered at that school.

V. Eligibility Based on Academics, Attendance, Conduct

A. Academic Based Eligibility

1. Eligibility Standards, Guidelines, Information

- A student becomes ineligible for academic reasons if he/she re-
ceives a grade of F for any course in which the student is enrolled during a marking period or has less than a 2.0 weighted GPA for that marking period.
- A grade of Incomplete (I) is considered an F until the work is satisfactorily completed, unless an exception is made by the principal due to extenuating circumstances such as an extended illness.
- An indication of Withdrawal Failing (WF) is considered an F for the specific marking period in which it is received.
- All students entering ninth grade for the first time are eligible based on academics, during the first marking period of the 9th grade school year.
- Quarter grades are used to determine eligibility. Eligibility for the first quarter of the year is based upon the quarter grades achieved during the previous year.
- Summer school grades do not replace fourth quarter grades of the school year, and therefore, do not impact a student’s eligibility status.

- For students enrolled in concurrent enrollment course work at the college level, the final grade will determine the student’s eligibil-
ity; since quarter grades are not generated from the college.

2. Administrative Procedures

- The principal (or designee) will determine the eligibility status of students upon the issuance of report cards.
- The principal (or designee) will generate an “Ineligible List” for use by coaches and other extracurricular advisors and revise the list as needed (e.g.; due to the resolution of incomplete grades).
- Students who have lost eligibility for academic reasons shall not:
  □ be a participant in a public performance for any extracurricular activity;
  □ travel with a team/group for any extracurricular activity;
  □ participate in any extracurricular activity including practice if the student is on an athletic team or other group for which there is a scheduled practice.
- Students who become ineligible for academic reasons may request in writing to the principal to be placed on restricted eligibility on e

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attain and develop an interest in activities that have the potential for lifetime sports participation;

develop an understanding, appreciation, and acceptance of individual abilities and differences.

**ELIGIBILITY REQUIREMENTS:**

In order to be able to participate in the Corollary Athletic Program a student must:

- be a secondary student in grades 9-12, or post secondary special education;
- officially register and attend a CCPS;
- meet all high school eligibility requirements regarding attendance and conduct;
- turn in a parent permission form, medical approval form and emergency information form prior to practice;
- making satisfactory progress toward graduation with a Maryland high school diploma or school completion with a Maryland high school certificate of program completion;
- have not participated as a member of a Varsity or Junior Varsity Interscholastic Athletic team in the same sport. If a student acquires a disability during his/her years of participation in interscholastic sports, an exception could be made;
- make payment of the Corollary Athletic Fee.

**FOR MORE INFORMATION**

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Carroll County Public Schools
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wrvaugh@carrollk12.org

Your Local High School Athletic Director

2022-2023 COROLLARY ATHLETIC PROGRAM

CO-ED ATHLETICS FOR STUDENTS WITH VARIED ABILITIES
The Carroll County Public Schools, in compliance with The Fitness and Athletic Equity for Students With Disabilities Act of 2008, is happy to continue, for the 2022-2023 school year, the Corollary Athletic Program.

The program is modeled after the Baltimore County “Allied Sports” and the Special Olympic “Unified Sports” programs. The Corollary Athletic Program is a totally integrated program where all students, with and without disabilities, male and female, have an opportunity to participate on competitive sports teams together.

The program is designed for students who are interested in playing a sport but do not have the skill or desire to play on a varsity or junior varsity team.

There are three sports offered, one sport for each season. Track & Field in the Fall, Bowling in Winter, and Corn Toss in Spring.

All team activities are co-ed with appropriate modifications to ensure a safe and successful experience for all students, regardless of ability.

The Corollary Sports Program and the Inter-scholastic Athletic Program are similar in the philosophy that these activities are basic to sound educational principals of secondary education. Both programs strive to reinforce responsible social processes. These programs strive to have students build positive self-esteem, acquire skills, improve physical fitness, foster good sportsmanship, teamwork, and new friendships.

**THE CCPS COROLLARY ATHLETIC PROGRAM will provide:**

- A committee that will provide rules, guidelines, and modifications for each sport to ensure greater student participation and success within the program;
- Co-ed teams with a recommended ratio of 50% students with disabilities to 50% students without disabilities;
- Corollary athletic team coaches;
- Team uniforms and game equipment;
- Transportation for teams to travel in order to compete if appropriate;
- The opportunity to participate in Track & Field, Bowling, and Corn Toss;

- Support and acceptance within each school and community;
- Opportunities for volunteer assistants from the school, colleges, and community;
- Supplementary aids and supports as necessary

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**“The benefits of physical activity are universal for all children, including those with disabilities. The participation of children with disabilities in sports promotes inclusion, minimizes deconditioning, optimizes physical functioning and enhances overall well being.”**

(Murphy, Carbone & the Council on Children with Disabilities, 2008)

It is believed that participation in a Corollary Athletic Program that students with and without disabilities will come to appreciate the value of each other as individuals. Athletic activities foster a greater understanding, respect, and acceptance of individuals with disabilities through open lines of communication and forming bonds of friendship.

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**Participants in the COROLLARY ATHLETIC PROGRAM will be provided**

- participate in competitive sports in a fun, comfortable, and safe environment;
- develop new friendships by increasing interaction and communication among students in the school through a common interest in athletics;
- participate in school events, such as team pictures, pep rallies, and sports awards programs;
- meet and compete with other CCPS teams when available;
- develop a feeling of self-worth and importance through working together as a team;
- represent their school in a positive manner by demonstrating their understanding of good sportsmanship and citizenship;
- develop an understanding of the skills and knowledge needed to participate on a sports team;
- practice and apply previously learned knowledge and skills in a season’s end culminating activity;
- provide a positive physical and emotional outlet for improving the level of personal physical fitness;
GUIDE FOR STUDENT ATHLETES
AND PARENTS
GENERAL STANDARDS AND FORMS FOR PARTICIPATION IN
INTERSCHOLASTIC ATHLETICS

PURPOSE: This Athletic Brochure is designed to be useful as a guide to student-athletes and parents. The intent is to condense into one brochure that information which is necessary to effectively understand and participate in the athletic program in Carroll County. The brochure includes a collection of information pertaining to state and county procedures and regulations. There may be questions which arise that may not be covered in this brochure. Remember, this brochure is only a guide. Only open communications between coaching staff, athletic director, parents, students, and school administrators will ensure an effective athletic program.

ENROLLMENT: Students shall be officially registered and attending the member MPSSAA School they are authorized to attend under regulations of CCPS. They may represent only the school in which they are registered and at which it is anticipated they will complete their graduation requirements.

AGE: Students who are 19 years or older as of August 31 are ineligible to participate in interscholastic athletics for the school year ahead.

PHYSICAL EXAMINATION: A student shall be examined and certified as being physically fit to participate in any tryout or practice or contest of a school team. This examination shall be performed by a qualified licensed physician, certified physician assistant under the supervision of a licensed physician or certified nurse practitioner. Physicals are valid for 13 months.

ATHLETIC INSURANCE AND PARENTAL PERMISSION: All students who participate in Interscholastic Athletics must have insurance coverage through a family plan or through the school sponsored plan. To avoid possible confusion over insurance coverage, be advised that the Board of Education of Carroll County does not provide accident or health insurance to students enrolled in our school system. Parents are responsible for seeing that their children are insured for adequate and necessary coverage. The school sponsored plan- (School time coverage or 24-hour) will also satisfy the requirements for students participating in all interscholastic sports except Varsity Football. Football insurance must be purchased through the sponsored school plan if coverage is not provided through a family plan. The football insurance provided through the sponsored school plan only covers the student for Varsity Football. The coverage is not intended to replace other insurance. It should be considered as supplemental to other health and accident insurance coverages. The coverages offered for the sponsored school plan are between the parent/student and the insurance carrier.

FOOTBALL INSURANCE: Parents of varsity football players opting for the school sponsored plan must purchase football insurance if coverage is not provided through a family plan. There is no guarantee that all medical bills and expenses will be borne by the football insurance. There are exclusions and limitations that should be discussed with the insurance carrier. If an injury occurs, parents and/or guardians of athletes should anticipate the distinct possibility of incurring medical expenses that will not be covered by insurance.

The football insurance option available through the school system, if selected, will cover students participating in varsity football only. Insurance for school time and other sports must be purchased separately.

INTERSCHOLASTIC ATHLETIC FEE: All student interscholastic team members are required to pay a per activity fee of $105 per sport season. All student corollary team members are required to pay a per activity fee of $50 per sport season. Families who have more than one student participating in one season, will only be required to pay a maximum of $150 for that season. Students must pay this fee prior to the first athletic contest. Fees collected will contribute to the county athletic program to underwrite transportation, coaches’ salaries, and officials’ fees. Please make checks payable to the local high school.

SEASON OF COMPETITION: Students in grades 9, 10, 11, and 12 may participate in interscholastic athletic contests for a maximum of four seasons in any one sport.

OUTSIDE TEAM MEMBERSHIP: The outside participation shall not conflict with the practice or contest schedule of the school including district, regional and state championship play unless prior written approval has been obtained from the school principal and coach.

ACADEMIC ELIGIBILITY: A student to be eligible to participate in extracurricular activities must have a minimum of a 2.00 weighted grade point average and no “F” grades. Quarter grades are used to determine eligibility. Eligibility for the first quarter of the year is based upon the fourth quarter grades of the previous year.
RESTRICTED ELIGIBILITY: The student may participate in meetings and practice during the restricted eligible period but may not participate in any interscholastic competition.

ATTENDANCE: A student-athlete shall be in attendance for his/her scheduled full day in order to participate in any extracurricular activity occurring on that school day. A principal may allow an exception for approved professional appointments.

CONDUCT BASED ELIGIBILITY: Student-athletes who violate Board of Education Policies ADD- Serous Threats, Violent Acts and Weapons Prohibited, JK- Discipline, JPA- Substance Abuse, and/or JFCG- Possession and/or use of Tobacco, Products containing Nicotine, and Nicotine Replacement Products on schools premises by students, the related administrative regulations and/or the conduct based criteria for eligibility outlined in our interscholastic handbook shall be ineligible in some form to participate in any extracurricular activity.

SERIOUS ACTS BY STUDENT LEADERS: Students holding leadership positions or representing the school through academics, athletics and/or activities such as a club or organization, who commit an offense classified as a serious, unlawful act in the community or a serious suspendible offense may be removed from the position. Arrest, conviction, or legal judgment is not required.

STUDENT CONDUCT: As a result of misconduct (as described by the principal and/or coach) the principal and/or coach shall be responsible for deciding appropriate punishment. Any player ejected from a contest will be suspended for the next contest.

HAZING: Hazing will not be tolerated to any degree and will be punishable as outlined in Administrative Regulation ACF- Bullying, Harassment, Intimidation or Hazing. Any action taken or situation created that causes or is reasonably likely to cause harassment, physical harm, serious mental or emotional harm, extreme embarrassment, ridicule, or loss of dignity to another student for purposes of initiation into a student organization or activity will not be tolerated.

TITLE IX: CCPS BOE supports the provisions of Title IX and believes the implementation of the athletic program should reflect equity in funding, scheduling, and access to programs and facilities. The supervisor of athletics in cooperation with the athletic director and building principal will annually evaluate the following areas to insure equity in athletic programs at all CCPS high schools.

Questions or concerns about the application of Title IX should be directed to the supervisor of athletics or supervisor of equity and community outreach who serve as the Title IX co-coordinators for Carroll County Public Schools.

PROJECTED STARTING DATES FOR PRACTICE: Fall sports, August 12; winter sports, November 14; spring sports, March 1. If the first day of practice falls on Sunday, practice can begin on Saturday.

OUT-OF-SEASON PRACTICE: Member schools and coaches shall confine all organized or formal practices for all students or teams to the seasonal limitations. Any individual, group or gathering that has assembled for the purpose of instruction and is under the direction of any member of the school coaching staff during the school year would constitute a violation. A coach may coach a team not representing his/her school during the summer months (MPSSAA rules apply). The team may not use a name connected with the school. The team may not use school uniforms or equipment.

RECRUITING STATEMENT: No coach or school personnel are to discuss or otherwise promote transfers or changes in residence or residence arrangements with any student, parent or other person of influence or knowingly permit such activity to take place for the purpose of facilitating athletic participation.

EQUIPMENT RESPONSIBILITY: It is the responsibility of the student-athlete to maintain and return all equipment and uniforms issued to them. Parents will be financially responsible for any equipment or uniforms which are lost, stolen, or misplaced during the time the student/athlete is responsible for them. The price of replacing these items will be the actual cost to the school for purchasing new replacement items. Until any charges for lost equipment have been paid, the student-athlete will not be eligible to participate on any other high school athletic team.

Revised July 2015
Carroll County Public Schools
Student Athlete Probable Head Injury Procedure

**School Day**
- Treat by school nurse according to CCPS procedures
- Nurse notifies AD/AT
- Nurse sends athletic concussion forms to parent

**After School**
- Treated by AT according to CCPS procedures
- AT sends athletic concussion forms to parent
- AT notifies AD
- AT notifies nurse

**Away Game**
- Coach/CCPS AT recognizes probable head injury. Removes student from competition & follows CCPS procedures.
- Coach/CCPS AT hands forms to student athlete/parent
- Coach notifies AT/AD
- AT notifies nurse

**Student sees LHCP for concussion assessment**

**Yes - Concussion**
- School nurse informs: AD/AT
- Guidance & Teachers
- If needed, academic accommodations will be developed
- AHCP clears for gradual return to play
- Forms returned to nurse
- Nurse distributes copies to AT/AD
- Post concussion testing done (when asymptomatic)
- CCPS corresponds with consulting Neuropsychologist to read test results
- AT evaluates student & plans for gradual return to play

**No - Concussion**
- Nurse informs AD/AT
- Student evaluated by AT. Cannot return to normal athletic activity until cleared by AT.
- AT Agrees
- AT Does Not Agree

**Cleared**
- Coach informed. Return to play

**Not Cleared**
- AT notifies coach, parent and student- unable to play due to signs & symptoms of concussion. Recommends re-evaluation by LHCP
## Medical Clearance for Student-Athlete Suspected Head Injury

### Section 1: Initial Observation to be Completed by Coach, Athletic Trainer and/or First Responder

<table>
<thead>
<tr>
<th>Following the injury, did the athlete experience:</th>
<th>Circle</th>
<th>Symptoms</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of consciousness or unresponsiveness</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure of convulsive activity</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance problems/unsteadiness</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Instability (abnormal laughing, crying, anger)</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confusion/Easily distracted</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to Light/noise</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision problems?</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck pain</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the injury or give additional details: 

**Injury History:** Name of Person Completing Form: __________________________ Relationship: __________________________

Date of Injury: __________ Time of Injury: __________ Phone Number: __________

### Section 2: To Be Filled Out By a Licensed Health Care Provider (LHCP)

**Medical Provider Recommendations** According to COMAR 13A.06.08.01, only licensed health care providers (LHCP) trained in the evaluation and management of concussions are permitted to authorize a student athlete to return to play. This return to play (RTP) plan is based on today's evaluation.

**LHCP Diagnosis:**
- [ ] No Concussion – May Return to Full Academic and Physical Activity
- [ ] Concussion

*PLEASE NOTE THESE REQUIREMENTS TO RETURN TO SPORTS PLEASE COMPLETE*

1. Athletes are not allowed to return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have **ANY SYMPTOMS**.
3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.

**SCHOOL (ACADEMICS) COMPLETED BY LHCP**

- [ ] May return to school now
- [ ] May return to school ___ / ___ / ____
- [ ] Out of school until follow up (follow up is scheduled for ____)
- [ ] Limitations or Accommodations (please see below or attached)

**SPORTS/PHYSICAL ACTIVITIES**

- [ ] May start return to play progression under the supervision of the health care provider for your school/team
- [ ] Must return to medical provider for final clearance to return competition and physical activities

Additional Comments/Instructions:

LHCP Name: __________________________ Signature: __________________________

Date: __________ Phone Number: __________

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

- All Maryland public school athletes must have a Licensed Health Care Providers signature to return to play.
- More than one evaluation is typically necessary for medical clearance for concussion, as symptoms may not fully present for days.

RETURN COMPLETED FORM TO SCHOOL NURSE, ATHLETIC DIRECTOR, AND ATHLETIC TRAINER
### Graduated Return to Play Protocol

<table>
<thead>
<tr>
<th>Description of Stage</th>
<th>Date Completed</th>
<th>Supervised by</th>
</tr>
</thead>
</table>
| **STAGE 1: LIGHT AEROBIC ACTIVITY**  
Begin stage 1 when: Student is cleared by health care provider and has no symptoms  
Sample activities for stage 1: 20-30 minutes jogging, stationary bike or treadmill | | |
| **STAGE 2: HEAVY AEROBIC AND STRENGTH ACTIVITY**  
Begin stage 2 when: 24 hours have passed since student began stage 1 AND student has not experienced any return of symptoms in the previous 24 hours  
Sample activities for stage 2: Progressive resistance training workout consisting of all of the following:  
- 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 | | |
| **STAGE 3: FUNCTIONAL, INDIVIDUAL SPORT-SPECIFIC DRILLS WITHOUT RISK OF CONTACT**  
Begin stage 3 when: 24 hours have passed since student began stage 2 AND student has not experienced any return of symptoms in the previous 24 hours  
Sample activities for stage 3: 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 | | |
| **STAGE 4: NON-CONTACT PRACTICE**  
Begin stage 4 when: 24 hours have passed since student began stage 3 AND student has not experienced any return of symptoms in the previous 24 hours  
Sample activities for stage 4: 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 AND FULL PARTICIPATION IN PHYSICAL EDUCATION**  
Begin stage 5 when: 24 hours have passed since student began stage 4 AND student has not experienced any return of symptoms in the previous 24 hours  
Sample activities for stage 5: Unrestricted participation in practices and physical education | | |
| **STAGE 6: RETURN TO GAME**  
Begin stage 6 when: 24 hours have passed since student began stage 5 AND student has not experienced any return of symptoms in the previous 24 hours | | |