

HERMON-DEKALB CONCUSSION MANAGEMENT POLICY FOR INTERSCHOLASTIC SPORTS

DEAR PARENTS,

PLEASE READ THE FOLLOWING AND SIGN AT THE END. THIS FORM NEEDS TO BE RETURNED TO THE ATHLETIC DIRECTOR BEFORE YOUR SON/DAUGHTER IS ALLOWED TO PRACTICE WITH THE TEAM.

- DEFINITION OF A CONCUSSION:

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can occur from a fall, impact to the body, or collision that causes the head and brain to move quickly back and forth.

- SIGNS/SYMPTOMS OF A CONCUSSION

Dizziness
Ringing in Ears
Drowsy/Sleepy
“Don’t Feel Right”
Seizure
Memory Problems
Blurred Vision
Vacant Stare/
Glassy Eyed
Irritability
Headache
Neck Pain
Feeling slowed down
Confusion
More emotional

Nausea/Vomitting
Fatigue/Low Energy
Feeling “Dazed”
Poor Balance/Coord.
Loss of Orientation
Sensitivity to Light
Sensitivity to Noise

Sensitivity to Sound
Retro Grade Amnesia
Change in Personality
“Pressure in head”
Feeling like in a fog
Difficulty concentrating
Nervous or Anxious

- HOW CONCUSSIONS OCCUR:

Concussions occur by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can occur from a fall, impact to the body, or collision that causes the head and brain to move quickly back and forth.

- PREVENTION

Health and safety issues will be covered by coaches in practice and physical education teachers in classes.

- RETURN TO PLAY PROTOCOL:

Day 1 – No exertional activity until asymptomatic for 24 hours and has received written authorization from his or her treating physician to return to activity.

Day 2 – Begin low-impact activity such as walking, stationary bike, etc.

Day 3 – Initiate aerobic activity fundamental to specific sport such as skating, running, etc.

Day 4 – Begin non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.

Day 5 – Full contact in practice setting (if a contact/collision sport as defined by 8 N.Y.C.R.R. § 135.4).

Day 6 – Return to competition.

If any concussion symptoms recur, the student shall submit to an examination by his or her treating physician, receive written authorization from such physician to resume activity, **rest for 24 hours**, drop back to the previous step, and then resume the protocol. In addition, the student shall be monitored for recurrence of symptoms with mental exertion (e.g. reading, working on a computer, or test taking). Upon successful completion of the protocol, return to participation shall be permitted.

*Please note the HDCS School Physician will have final say on allowing athletes to return to play.

Please Print Athlete's Name_____

Please Print Parent's Name_____

Parent's Signature_____ I have read and understand the above document.

Date_____