JOLIET TOWNSHIP HIGH SCHOOL
CONCUSSION PROTOCOL PARENT/GUARDIAN INFORMATION FORM

Dear Parent/Guardian:

Joliet Township manages concussions using stepwise return-to-learn (all students) and return-to-play (in-season interscholastic athletes only) protocols in compliance with CDC guidelines, state law requirements, and NATA guidelines. Those protocols are outlined below. All students must be cleared by a licensed medical provider (MD, DO, PA, NP) AND fully complete the return-to-learn (all students) and return-to-play (in-season interscholastic athletes only) protocols in order to resume regular academic and interscholastic athletic activities.

Return-to-Learn Protocol *(physician may start student at any phase, depending on presentation)*
Phase 0: Complete physical and cognitive rest. No school attendance.
Phase 1: Return to school partial day with academic accommodations.
Phase 2: Full day school attendance with reduced work load, and academic accommodations.
Phase 3: Full day school attendance with near normal workload, reintroduce testing.
Phase 4: Full return to academic load with no accommodations and symptom free; cleared to start Return-To-Play protocol.

Return-to-Play Protocol *(must complete all steps; must have 24hr period between each step)*
Step 1: 24hr symptom free, daily living activities.
Step 2: Light to moderate aerobic activity up to 30min (walk/jog, stationary bike).
Step 3: Individual sport specific activity.
Step 4: Non-contact training, lifting may resume.
Step 5: Full-contact practice, no competition.
Step 6: Clearance to full athletic participation and competition.

If concussion symptoms return at any point during graduated return to play protocol, there will be a minimum 24hr rest period. Once asymptomatic, the athlete will return to the previous asymptomatic stage and the progression will resume. Further complications beyond that may require a follow up physician visit.

JOLIET TOWNSHIP HIGH SCHOOL
HEAD INJURY PARENT/GUARDIAN NOTIFICATION FORM

Dear Parent/Guardian:

_____ sustained a possible head injury on_____.
The purpose of this notification is to alert you to the suspected injury, the signs and symptoms associated with such an injury, and potential signs and symptoms that could arise that would require further medical evaluation and/or treatment by a physician. If your student is seen by a licensed medical provider (MD, DO, PA, NP) and diagnosed with a concussion, your child must provide medical documentation of the diagnosis, and then complete the district return-to-learn (all students) and return-to-play (in-season interscholastic athletes only) protocols.

Often, the signs and symptoms of a head injury may not appear immediately after the incident, but may arise several hours to days later. If you are unsure or have questions about any symptoms described here, or that your student is experiencing, please contact a physician for further care. If your student exhibits any severe symptoms, symptoms that worsen over time, or you notice other behavior/conduct that is out of the ordinary for them, seek immediate medical attention. Please note this list is not all-inclusive.

Headache
Blurred vision
Dizziness/balance issues
Ringing in ears
Sensitivity to light/noise
Fatigue
Feeling “in a fog”
Drowsiness
Irritability
Double vision
Neck pain
Nausea
Seizures
Vomiting
Slurred speech
Temporary loss of memory
Slow reactions
Issues focusing/concentrating
Irregular sleep
Weakness/numbness in arms/legs
Abnormal behavior
Memory difficulties
Loss of consciousness

JOLIET TOWNSHIP HIGH SCHOOL
CONCUSSION PARENT/GUARDIAN NOTIFICATION FORM

Dear Parent/Guardian:

_____ sustained a possible concussion on_____.
The purpose of this notification is to alert you to the suspected injury, the signs and symptoms associated with such an injury, and potential signs and symptoms that could arise that would require further medical evaluation and/or treatment by a physician. Your student may not return to any activity (training, practices, games, PE, etc.) until cleared by a physician AND if diagnosed with a concussion, your child must complete the district return-to-learn (all students) and return-to-play (in season interscholastic athletes only) protocols.

Signs/Symptoms of Concussion
Often, the signs and symptoms of a concussion may not appear immediately after the incident, but may arise several hours to days later. If you are unsure or have questions about any symptoms described here, or that your student is experiencing, please contact a physician for further care. If your student exhibits any severe symptoms, symptoms that worsen over time, or you notice other behavior/conduct that is out of the ordinary for them, seek immediate medical attention. Please note this list is not all-inclusive.

Headache
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JOLIET TOWNSHIP HIGH SCHOOL
RETURN TO FULL ATHLETIC PARTICIPATION CONSENT FORM

For signature by student, parent/guardian, and Certified Athletic Trainer before a student removed from interscholastic athletic practice and competition due to a concussion is allowed to return to full participation in interscholastic athletic practice and competition.

Student Name: _____ Grade: _____ Sport: _____

As the parent/guardian of _____(student), I hereby consent to my student returning to full athletic participation. By consenting I hereby certify that:

1. I consented to my student participating in Return-To-Learn and Return-To-Play in accordance with the school's protocols as established by Illinois State Law.
2. My student progressed through all steps of the school's Return-To-Learn and Return-To-Play protocols, and all concussion symptoms are resolved.
3. I understand that there are still risks with sports and that no injury, including concussion, is without reoccurrence risks. I believe it is safe for my student to return to full participation in interscholastic athletic practice and competition and consent to the same.
4. Both my student and I understand that if concussive signs/symptoms return, we must immediately notify the Athletic Trainers. In addition, we shall comply with any ongoing requirements in the school's Return-To-Play protocol.
5. I consent to the disclosure to appropriate persons of the treating physician's and/or Athletic Trainer's written statement indicating it is safe for my student to return to full participation in interscholastic athletic practice and competition.

_____	_____	_____
Student Name Printed	**Student Signature**	**Date**
_____	_____	_____
Parent/Guardian Name Printed	**Parent/Guardian Signature**	**Date**
_____	_____	_____
Athletic Trainer Name Printed	**Athletic Trainer Signature**	**Date**

JOLIET TOWNSHIP HIGH SCHOOL
RETURN TO PLAY PROGRESSION FORM

Step	Exercise Strategy	Activity at Each Step	Goal	Completed
1	Symptom-limited activity	Daily living activities that do not exacerbate symptoms.	Gradual reintroduction of work/school.	Date: _____ Student Initials: ATC Initials:
2	**2A – Light** aerobic exercise (up to approx. 55% max HR) **THEN** **2B – Moderate** aerobic exercise (up to approximately 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.	Increase heart rate.	Date: _____ Student Initials: ATC Initials:
3	Sport-specific exercise (no contact)	Jogging and individual athletic drills. May continue light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.	Add movement, change of direction.	Date: _____ Student Initials: ATC Initials:
Steps 4-6 should begin after resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including during and after physical exertion.				
4	Non-contact training drills	Exercise to high intensity including more challenging training drills. Can integrate into the team environment.	Resume usual intensity of exercise, coordination, and increased thinking.	Date: _____ Student Initials: ATC Initials:
5	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.	Date: _____ Student Initials: ATC Initials:
6	Return to sport	Normal game play.		Date: _____ Student Initials: ATC Initials:

NOTE: If more than mild exacerbation of symptoms occurs during Steps 1 -3, the athlete should stop and attempt to exercise the next day. If an athlete experiences concussion-related symptoms during Steps 4-6, they should return to the previous asymptomatic step to establish full resolution of symptoms with exertion before engaging in further activities.

Athletic Trainer Signature: _____
Date:_____