SERVITE HIGH SCHOOL CONCUSSION PACKET

This packet includes the necessary information needed if an athlete is suspected to have sustained a possible concussion. This packet should be provided to any athlete who has suffered a direct blow to their head or has experienced a whiplash motion resulting in concussion-like symptoms. The item listed below are included in this packet and to be given to the parents/guardian of the athlete and returned to the Athletic Trainer at Servite High School.

- **CONCUSSION INFORMATION PACKET**- CIF form outlining general concussion information, signs and symptoms, red flags and returning to normal activity
- **ACUTE CONCUSSION NOTIFICATION FORM FOR PARENTS/GUARDIANS**- CIF form identifying red flags and when to call 911 or go to the nearest Emergency Department and Recommendations for immediate care
- **ATHLETIC TRAINER/COACH EVALUATION FORM**- This form is to be completed by the ATC or Coach at the time of injury and taken to the MD/DO for review
- **PHYSICIAN LETTER TO SCHOOL - RETURN TO LEARN- ACADEMIC ACCOMMODATIONS-** This form is to be filled out by an MD/DO and returned to the school nurse and counseling dept.
- **PHYSICIAN LETTER TO SCHOOL - RETURN TO PLAY-** This form is to be filled out by an MD/DO, **signed and stamped,** and returned to the Athletic Trainer at Servite High School
- **RESOURCES**- MD/DO referrals, supplements, eye and balance exercises

If you have any questions regarding the concussion packet and its contents, please contact the Sports Medicine Staff.

Sara Wilson, ATC
Head Athletic Trainer
SWilson@servitehs.org
P: 657.347.1381

Jacob Cain, MS, ATC
Athletic Trainer
JCain@servitehs.org
P: 657.347.1381

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CIF Acute Concussion Notification

Your child has symptoms consistent with a concussion. At the time of evaluation, there was no sign of any serious complications. Your child will need monitoring for a further period by a responsible adult, and should not be left alone over the next 12-24 hours.

Call 911 and go to the nearest Hospital Emergency Department for the following:

○ Headache that worsens	○ Can't recognize people or places
○ Seizure (uncontrolled jerking of arms/legs)	○ Looks very drowsy/Can't be awakened
○ Weakness or numbness of arms/legs	○ Increased confusion and/or irritability
○ Repeated vomiting	○ Unusual behavior
○ Loss of consciousness	○ Slurred speech
○ Lack of balance/unsteadiness on feet	○ Drainage of blood/fluid from ears or nose
○ Changes in vision (double, blurry vision)	○ Loss of bowel and/or bladder control

Recommendations:

- AVOID medications like ibuprofen (Motrin, Advil), naproxen (Aleve), or aspirin until seen by a physician due to the potential of increased bleeding risk in the brain.
- Acetaminophen (Tylenol) can be tried but often won't take away a concussion headache. DO NOT give narcotic pain medication like codeine
- Check for normal breathing every few hours while sleeping but DO NOT wake your child up unless you are concerned. If your child can't be aroused, call 911 immediately.
- Make an appointment to see a physician within 72 hours. Inform your child's teachers about the injury. Keep your child out of school if symptoms are severe or worsened by reading or studying.
- You can track your child's symptoms using the CIF Graded Concussion Symptom Checklist (Find this on cifstate.org). Bring these checklists to the physician's visit.
- No activities like after-school sports and PE, and no physical exertion until your child is evaluated and cleared by a physician (MD/DO) trained in the diagnosis and management of concussions.
- Refer to the CIF Return-to-Learn and CIF Return-to-Play protocols on www.cifstate.org

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CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

- *The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
- *Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
- *Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. *There is NO same day return to play for a youth with a suspected concussion.* Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:	
• Looks dizzy • Looks spaced out • Confused about plays • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or awkwardly • Answers questions slowly	• Slurred speech • Shows a change in personality or way of acting • Can't recall events before or after the injury • Seizures or "has a fit" • Any change in typical behavior or personality • Passes out

Symptoms may include one or more of the following:	
• Headaches • "Pressure in head" • Nausea or throws up • Neck pain • Has trouble standing or walking • Blurred, double, or fuzzy vision • Bothered by light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns	• Loss of memory • "Don't feel right" • Tired or low energy • Sadness • Nervousness or feeling on edge • Irritability • More emotional • Confused • Concentration or memory problems • Repeating the same question/comment

What is Return to Learn?

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help

suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before **returning to competition**. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]*

Final Thoughts for Parents and Guardians:

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- *American Medical Society for Sports Medicine position statement: concussion in sport (2013)*
- *Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Berlin, October 2016*
- *https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html*
- *https://www.cdc.gov/headsup/youthsports/index.html*

SERVITE HIGH SCHOOL
INITIAL CONCUSSION EVALUATION FORM

This form is to be completed by the ATC or Coach at the time of injury and taken to the MD/DO for review

Athlete's Name: _____ Date: _____ Sport: _____

History of Concussion? YES or NO
If **YES**, when was your last concussion? _____

History of ADD/ADHD/Dyslexia/Anxiety/Depression? YES or NO

Description/MOI: _____

_____

Was there Loss of Consciousness? YES or NO
If YES, for how long? _____ Was EMS activated? YES or NO

Cranial Nerve Assessment (ATC Only): WNL or Abnormal

PERL Sign (ATC Only): WNL or Abnormal

Myotome and Dermatome (ATC Only): WNL or Abnormal

Symptom Checklist (0-6)

	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

Neck Exam (ATC Only)- TTP: YES or NO

If YES, Where: _____

AROM (ATC Only): WNL or Abnormal

VOMS (ATC Only): WNL or Abnormal

Wears Glasses or contacts? YES or NO

BESS (ATC Only): R or L (non-dominant)

DL Stance: _____ errors

SL Stance: _____ errors

Tandem Stance: _____ errors

Tandem Gait: YES or NO

Evaluated by: _____

Refer to MD/DO for further evaluation:
YES or NO

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SERVITE HIGH SCHOOL

RETURN TO LEARN – ACCOMMODATIONS

This form is to be filled out and signed by an MD/DO for the purpose of academic accommodations following a concussion. Please turn this into the counseling department and school nurse. Students will meet with counseling on a weekly basis until accommodation is no longer required.

Please allow _____ (student) to return to school with the following accommodations. Students should participate as tolerable based on a 0-6 symptom scale, keeping symptoms below 3/6, and taking breaks as needed to prevent the increase of symptoms over 3/6. The student may return to their activity once symptoms have decreased below 3/6. Please note accommodations are fluid and the student may progress at tolerated to the next step.

☐ **Step 1: No School.** The first 24-48 hours are often needed to let the brain rest. This is best achieved by "turning off" the brain and limiting cognitive activity.
Athlete's anticipated date of return to school: _____

☐ **Step 2: Gradual return to school** once able to tolerate some light brain activity (easy homework, light reading, etc.). Students may return to school with the main goal being present in class, listening/responding to teacher

- Light note taking, homework and class work. Allow for pre-printed notes, recording, or a classmate to take notes and share
- Allow the student to take break in class as needed (i.e. putting head down, discontinuing work, stepping outside) to prevent the sudden increase in symptoms.
- No tests/quizzes

☐ **Step 3: Increase continuous hours of school** until no breaks are needed. Modify homework (prorate workload and extend due dates) and gradually add class participation.

- Allow the student to take breaks if needed in a quiet place (i.e. nurses' office or library).
- No tests/quizzes

☐ **Step 4: Full day school attendance.** Gradual removal of accommodations.

- May take 1 test per day and begin make up work. Allow extra time on tests and quizzes if needed. Consider oral exams, or changing the format of the exam to accommodate working memory (i.e. multiple choice, open note/book, home-based testing)
- Allow student to turn in make-up work without penalty.

☐ **Step 5: Full day of school attendance with no accommodations.** Allow student to continue to complete any pending make-up work without penalty

MD/DO Signature: _____ **Date: _____**

Physician Stamp:

Student Name: _____ DOB: _____

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SERVITE HIGH SCHOOL

RETURN TO LEARN – ACCOMMODATIONS

Cognitive Difficulties- difficulty understanding information, difficulty learning new information, difficulty remembering, slow processing

- Prorate workload
- Extended time to complete work
- Note taker or pre-printed notes
- Adjust testing format when possible

Visual Difficulties- increased dizziness and/or nausea with reading, note taking, difficulty focusing on texts, light sensitivity, eye strain

- Pre-printed notes
- Audiobooks
- Decrease brightness on screens, turn on “night mode”
- Wear gamer glasses/blue-light blockers while indoors or on screens
- Allow hat/sunglasses outdoors
- Change class seating

Vestibular Difficulties- Noise sensitivity. Dizziness, headaches, nausea with change of position (sitting to standing), walking, being in large crowds

- Allow ear plugs in noisy environments (music class, workshop, assemblies)
- Avoid loud classes/areas
- Change class seating
- Transition between classes prior to bell

Anxiety/Depression- Feeling left out. Worried about grades. Loss of identity

- Continue to participate in school and social activities with appropriate accommodations.
- Maintain a normal schedule as much as possible
- Attended practices to observe and be present with teammates
- Refer to counseling office if experiencing difficulties with nervousness, anxiety sadness, or depression

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SERVITE HIGH SCHOOL

RETURN TO ACTIVITY - RETURN TO PLAY

This form is to be filled out and signed by an MD/DO for the purpose of guided return to activity following a concussion. Please return this signed form to the Athletic Trainer at school.

INJURY STATUS

Student Name: _____

- ☐ ***Athlete has been diagnosed with a concussion***
  - Date of injury: _____
  - Date of diagnosis by MD/DO: _____
- ☐ ***Athlete was evaluated and did not sustain a concussion***

PHYSICAL ACTIVITY STATUS *(IF DIAGNOSED WITH A CONCUSSION)*

- ☐ ***Athlete may begin light cardiovascular activity as part of their recovery***
  - Walking, stationary bike
- ☐ ***Athlete may progress cardiovascular activity per the RTP protocol stages 1-5 under the supervision of the sports medicine staff. Symptoms must stay below 3/6.***
  - Stage 1 – Light activity: walking, stretching
  - Stage 2- Light aerobic activity: walking, slow jog, stationary bike
  - Stage 3- Moderate aerobic activity: stationary bike, jogging, body weight exercises
  - Stage 4- Strenuous aerobic Activity: Jogging, stationary bike, interval training, weightlifting < 50% max weight. *Do not progress if this step causes exacerbation of symptoms.*
  - Stage 5- Non-contact sport specific training: non-contact individual drills, ball passing, foot work, agility training. *Do not progress if this step causes exacerbation of symptoms.*
- ☐ ***Athlete may begin the RTP progression under the supervision of the sports medicine staff and return once completed.***
  - Symptoms must stay below 3/6 to progress stages and have resolve completely prior to any contact activity.
  - Stages 4-7: If symptoms are exacerbated, the athlete cannot progress to the next stage

Comments: _____

Physician (MD/DO) Signature: _____ **Physician Stamp:**

Exam Date: _____

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SERVITE HIGH SCHOOL
CONCUSSION RESOURCES

If you have any questions about concussions, please contact the sports medicine staff. The following resources are not a requirement. The resources on this page are for convenience and assistance in managing your son's concussion.

CONCUSSION PHYSICIANS

Dr. Adam Rivadeneyra, MD
Orthopaedic Specialty Institute- Orange and Irvine
Orangeorthopaedics.com
(714) 634-4567

Dr. Michael Nieto, MD
Orthopaedic Specialty Institute- Orange and Irvine
Orangeorthopaedics.com
(714) 634-4567

Dr. Chris Koutures, MD, FAAP
ActiveKidMD- Orange
3111 N Tustin Street, Suite 250
Activekidmd.com
(714) 974-2220

Dr. Suzy McNulty, MD, FAAP
Mia Bella Pediatrics- Aliso Viejo
15 Mareblu #310
Miabellapediatrics.com
(949) 206-0001

SUPPLEMENTS

Some supplements recommended for the treatment of concussion symptoms are butterbur-PA free (helps treat headaches), DHA (anti-inflammatory for the brain), and riboflavin/B2 (helps with memory loss). Please seek advice from your doctor for guidance on taking supplements.

EYE AND BALANCE EXERCISES

Eye and balance exercises can help improve visual and vestibular difficulties following a concussion. Vision and balance deficits following a concussion can cause increased symptoms and delay the recovery process. Eye and balance exercises should be done under the guidance of your healthcare provider.

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