

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury – or TBI – caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head & brain to move quickly back & forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain & sometimes stretching & damaging the brain cells.

## WHAT ARE SIGNS & SYMPTOMS OF CONCUSSION?

Signs & Symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with the permission from a health care professional experienced in evaluating for concussions.

### Athlete Reported Symptoms:

- Headache or “Pressure” in the Head
- Nausea or Vomiting
- Dizziness or Balance Problems
- Blurry or Double Vision
- Sensitivity to Light
- Sensitivity to Noise
- Feeling Sluggish, Hazy, Foggy or Groggy
- Concentration or Memory Problems
- Confusion
- Just not “feeling right” or is “feeling down”

**“IT’S  
BETTER TO  
MISS ONE  
GAME  
THAN THE  
WHOLE  
SEASON”**

### Coach Observed Signs:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even briefly should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Keep the athlete out of play the day of the injury & until a health care professional experienced in the evaluating for concussion says s/he is symptom free and it’s OK to return to play. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified health care professional.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on a computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

# Mountain Home School District - Return to Participation Medical Release

If an athlete sustains a concussion during athletic participation, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions, and receives the following written clearance to return to play.

The following athlete has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse) who **IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS (as outlined in Idaho Code § 33-1625)**. This form must be signed by the above referenced medical professional and returned to the Athletic Director in order for the athlete to return to participation.

Athlete Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Injury Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sport: \_\_\_\_\_ Level (Varsity, JV, Club, etc.) \_\_\_\_\_

Mechanism of Injury: \_\_\_\_\_  
\_\_\_\_\_

Symptoms upon evaluation: \_\_\_\_\_  
\_\_\_\_\_

Sideline evaluation completed: Yes  No

Evaluation completed by: \_\_\_\_\_

**In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Play Protocol begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six step process gradually returning the athlete to normal activities. There is a minimum 24 hour period between each step. If at any time the athlete's concussion symptoms reoccur they must return to the previous asymptomatic level and reattempt progression after a further 24 hour period of rest has passed.**

### **Graduated Return-to-Play (RTP)**

- Stage 1 - Rest until asymptomatic (physical and cognitive rest)
- Stage 2 - Light aerobic activity (light jogging, stationary bike or treadmill)
- Stage 3 - Moderate exercise (moderate jogging, brief running, or stationary biking)
- Stage 4 - Non-contact sport specific drills and light weight training
- Stage 5 - Full-contact drills and training with MEDICAL CLEARANCE
- Stage 6 - Return to competition

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete has completed the above Return to Play Protocol and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I (parent/guardian) attest that my child has successfully completed the full Return to Play Protocol as outlined above, and has been cleared to return to participation by a medical professional **trained in concussion management**. I understand that sports are inherently dangerous and realize that concussions are an injury that can occur. I also understand that this process/protocol is in place to protect my child, that any deviation from this process/protocol is under my volition, and I take full responsibility for any and all consequences of that decision.

Parent/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_



## PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGEMENT

I, \_\_\_\_\_, by signing below, hereby acknowledge that the Mountain Home School District has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)



To learn more go to >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)