

RESPONSIBILITY CHART

Coach

IMMEDIATELY

- Remove athlete from play
- Notify parents:
 1. explain concussion response & procedures
 2. provide parent packet
 3. obtain parent signature
- Notify AD/principal

DAYS FOLLOWING INJURY

- Follow RTP/RTL guidelines
- Communicate regularly with AD and principal
- Continue to watch for and report symptoms for remainder of sport's season

AD

DAY OF INJURY OR NEXT MORNING

Notify principal and nurse

DAYS FOLLOWING INJURY

Communicate daily with nurse, principal, and coaches

Parent

IMMEDIATELY

Contact healthcare provider or take student to ER if needed

DAYS FOLLOWING INJURY

- Monitor and track symptoms at home
- Take student to healthcare provider appointments

When Available (usually 1–5 days)

Make sure COT receives

- Permission to Release Information
- Academic Adjustments
- Medical Release (if appropriate at this time)

Nurse

DAY OF INJURY OR NEXT MORNING

Communicate with AD, principal, and parent

DAYS FOLLOWING INJURY

- Administer Post-Concussion Symptom Checklist daily
- Communicate daily with AD, counselor and principal

COT

(Concussion Oversight Team)

DAYS FOLLOWING INJURY

Ensure incident is fully documented

Principal

DAYS FOLLOWING INJURY

- Notify appropriate faculty and staff of modifications and any other pertinent information
- Communicate routinely with nurse, principal, & parent
- Continue to notify appropriate faculty and staff of changes to modifications or release from the protocol

Principal

DAYS FOLLOWING INJURY

- Notify Concussion Oversight Team (COT)
- Communicate daily with AD, counselor, and nurse

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and may remain at a step longer if needed. If symptoms worsen, the Concussion Oversight Team (COT) should reassess. If symptoms quickly improve, a student may also skip a step or two. Be flexible. In the event of a difference in medical opinions, we will err on the side of more restrictive to ensure the safety of the student.

Steps	Progression	Description
1	HOME — Cognitive and physical rest	<ul style="list-style-type: none"> Stay at home No driving Limited mental exertion — computer, texting, video games, homework
2	HOME — Light Mental Activity	<ul style="list-style-type: none"> Stay at home No driving Up to 30 minutes mental exertion No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms

3	SCHOOL — Part Time Maximum adjustments Shortened day/schedule Built-in breaks No extra-curriculars	<ul style="list-style-type: none"> Provide quiet place for scheduled mental rest as needed Lunch in quiet environment as needed No significant classroom or standardized testing Provide extra time, help, and modified assignments
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Progress to Step 4 when student handles 30–40 minutes of sustained mental exertion without worsening of symptoms

4	SCHOOL — Part Time Moderate adjustments Shortened day/schedule Modified extra-curriculars	<ul style="list-style-type: none"> No standardized testing Modified classroom testing Moderate decrease of extra time, help, and modification of assignments
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Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms

5	SCHOOL — Full Time Minimal adjustments Full extra-curriculars	<ul style="list-style-type: none"> No standardized testing; routine tests are OK Continued decrease of extra time, help, and modification of assignments May require more support in academically challenging subjects
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Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics

6	SCHOOL — Full Time Full academics No adjustments	<ul style="list-style-type: none"> Attends all classes Full homework and testing
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When symptoms continue beyond 3–4 weeks, prolonged in-school supports are required. Contact the school office to request a COT meeting to plan and coordinate student supports.

RETURN TO PLAY PROGRESSION

Return to play is a medical decision. The COT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Play Plan, the student must be free of all symptoms (see Signs and Symptoms of Concussion), have no academic adjustments in place, and be cleared by a healthcare provider. The student may spend 1–2 days at each step before advancing to the next. In the event of a difference of medical opinion, we will err on the side of more restrictive to ensure the safety of the student. **If post-concussion symptoms occur at any step, stop activity and have the COT reassess.**

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase HR
3. Activity-specific exercise	Basic training drills, e.g. running drills in basketball. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g., passing drills in football. May start progressive resistance training	Exercise, coordination and cognitive load
5. Full-contact practice/activity	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff/sponsor
6. Return to play/activity	Normal game play/activity	

Recommendations from 2012 Zurich Consensus Statement on Concussion —McRory, P., Meeuwisse, WH, Aubry, M, et al., *Br. J. Sports Med* 2013; 47: 250–258.

RETURN TO ACTIVITY DOCUMENTATION

Student: _____	Sponsor/Coach: _____
Parent/Guardian: _____	Activities Impacted: _____
Phone Number: _____	Date of Injury: ___/___/___
School Counselor: _____	Cause of Injury: _____

At the time of a suspected concussion:	<input type="checkbox"/> The student is removed from participation (athletics, PE class, weight training, extra-curricular activities, etc). <input type="checkbox"/> Coach/Sponsor contacted the parent/guardian. <input type="checkbox"/> Parent/Guardian received concussion & medical clearance information.
Following Concussion:	<input type="checkbox"/> Building Principal or designee contacted the Concussion Oversight Team (COT). <input type="checkbox"/> A member from the COT followed up with parent to: check on student's status, review next steps to return-to-participation, and answer any questions. <input type="checkbox"/> A member from the COT administered symptom checklist to the student Date ___/___/___ Score _____
IF Student is experiencing symptoms:	<input type="checkbox"/> COT monitored return-to-academics graduated steps and accommodation as needed <input type="checkbox"/> Counselor contacted <input type="checkbox"/> Teachers contacted and notified of any accommodations <input type="checkbox"/> Continue to monitor symptom checklist as needed—record below Date ___/___/___ Score _____ Date ___/___/___ Score _____ Date ___/___/___ Score _____
WHEN Student is symptom free:	<input type="checkbox"/> Parent/Guardian obtained signature for release to begin activity from licensed health care provider (physician (MD), physician's assistant (PA), doctor of osteopathic medicine (DO), or nurse practitioner). Date received ___/___/___ <input type="checkbox"/> After the release is obtained, the student may proceed to Stages 2-4 of Return-to-Play Protocol providing he/she remains symptom free. 2-Light aerobic activity 3-Activity-specific exercise 4-Non-contact training drills date ___/___/___ date ___/___/___ date ___/___/___
WHEN medical clearance form is received AND symptom checklist has returned to baseline	<input type="checkbox"/> COT approved progression to Stages 5 and 6 of Return-to-Play Protocol providing he/she remains symptom free. 5-Full-contact practice/activity 6-Return to play/activity Date ___/___/___ Date ___/___/___



Post-concussion Consent Form
(RTP/RTL)



Date _____

Student's Name _____ Year in School _____

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

Student's Signature _____

Parent/Guardian's Name _____

Parent/Guardian/s Signature _____

For School Use only

Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

Cleared for RTL

Cleared for RTP

Date _____

Date _____

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IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet

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 child 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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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