

HAVERHILL PUBLIC SCHOOLS

HEAD INJURY AND CONCUSSION POLICY

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I. Purpose

This policy provides for the implementation of MA 105 CMR 201.000, *Head Injuries and Concussions in Extracurricular Athletic Activities*. The purpose is to provide standardized procedures for persons involved in the prevention, training, management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities, including but not limited to interscholastic sports, in order to protect their health and safety. The policy applies to all middle and high school students who participate in any extracurricular athletic activity. This policy provides the procedures and protocols for the Haverhill Public Schools in the management of and prevention of sports-related head injuries within the district or school. Review and revision of this policy is required every two years.

II. Policy Development Team

Tom O'Brien	Athletic Director
Cheryl LeBlanc	Head Nurse
Tricia Fleming	Assistant Principal
Andy Berube	Athletic Trainer, HHS
David Warwick	Athletic Trainer, NRH
Michael Maguire	Teacher
Andy Alsup	Guidance Department

III. Training Program

The following personnel, both those employed and those serving in a volunteer capacity, shall be required to participate in an annual training in the prevention and recognition of sports-related head injury: coaches; certified athletic trainers; volunteers; school physicians; school nurses; athletic directors; referees and umpires who are employees, contractors, or agents of a school; directors responsible for a school marching band; parents of a student who participates in an extracurricular athletic activity; and students who participate in an extracurricular athletic activity.

The Athletic Director shall maintain a record of persons trained in accordance with 105 CMR 201.015.

IV. Participation Requirements for Students and Parents

A. Education and Training

1. Prior to every season, the Athletic Director or designee will provide current approved materials to all students who plan to participate in extra-curricular athletic activities and their parents in advance of the student's participation. Such materials shall be posted on the Haverhill Public Schools website and shall at minimum include a summary of the Athletic Department rules relative to safety including but not limited to recognition of symptoms of head injury, the biology and short-term and long-term consequences of a concussion, second impact syndrome and rules for return to play after a head injury or concussion.
2. The student and parent shall submit to the Athletic Director as a pre-requisite to participation in extracurricular athletic activities either a) a certification of completion for any Department approved on-line course or b) a signed acknowledgment as to their receipt of Department approved written material required by 105 CMR 201.009 (A) (1). Acknowledgement is included in the Northeast Rehabilitation Consent to Treat Form (Appendix D), which must be completed by student-athletes and parents prior to participation.
3. The training and education required by 105 CMR 201.009 (A) (2) applies to one school year and must be repeated for every subsequent year.

B. Documentation of Head Injury and Concussion History

1. At or before the start of each sport, band, or club season, all students who plan to participate in extracurricular athletic activities shall complete and submit to the Athletic

Director a current HHS Medical History Form (Appendix C), that provides comprehensive history with up to date information relative to concussion history; any head, face or cervical spine injury history; and any history of co-existent concussive injuries.

2. If a student sustains a head injury or concussion during the season, the Department Report of Head Injury During Sports Season Form (Appendix F) must be completed (a) by the athletic trainer, coach, club advisor or band director, if the injury or suspected concussion occurs during a game or practice, or (b) by a parent if the injury occurs outside of those settings, and forwarded to the coach or band director.

3. The Athletic Director shall ensure that all pre-participation forms are reviewed annually and provided to the persons specified in 105 CMR 201.009 (B) (2).

V. Baseline Concussion Assessment / ImPACT Testing

A. Baseline assessment and use of neurocognitive testing:

1. Neurocognitive testing is recommended to establish baseline level of cognitive functioning for all contact sports as defined by the American Academy of Pediatrics Classification of Sports According to Contact and recommended by ImPact. The list of contact sports is as follows: football, girls and boys soccer, field hockey, cheerleading, girls and boys diving, girls and boys basketball, girls and boys ice hockey, wrestling, girls and boys gymnastics, girls and boys skiing, girls and boys lacrosse and ultimate Frisbee (if a varsity level sport). Normative data can be used for all other limited contact and noncontact sport post concussed student students.
2. All the above listed contact sport students should be required to take a baseline neurocognitive test prior to participation in sports (usually freshman year, then again in junior year). Information will be disseminated and parental/guardian permission will be required (Appendix E) prior to testing.
3. Baseline testing should be conducted under the auspices of a licensed athletic trainer or other designated school personnel trained in test administration in a controlled computer lab environment.
4. Neurocognitive testing baseline data shall be reviewed by an individual trained in administration and interpretation of such results, and under the supervision of or in consultation with a qualified neuropsychologist. Students with invalid baseline scores as identified by the ImPACT software will be discussed with the athletic trainer and considered for retesting.
5. Students in contact sports listed above are required to take a "new" baseline test prior to participation their junior year. Students who are new to a sport or new to the school will be tested prior to sport participation regardless of year in school to assure a valid baseline.
6. Computerized testing should be scheduled with adequate supervision
 - a. At least one trained proctor should be present.
 - b. The background information takes about 10-15 minutes.
 - c. Current symptoms mean "in the last 24 hours."
 - d. The tests themselves take about 20 minutes. Tell students to read instructions twice before starting each test. Ask questions before

starting the module. Some modules keep going whether you answer or not.

- e. The tests can detect "faking bad" - that is, trying to get bad results on baseline testing. Students may be asked to retake the test if it appears they were not trying.
- f. When finished, students should raise their hand to let the proctor know they are finished; proctor will log the computer out.

B. Cognitive impairment: General cognitive status can be determined by simple sideline cognitive testing.

- 1. The athletic trainer may utilize SCAT2 (Sports Concussion Assessment Tool)¹, SAC (Standardized Assessment of Concussion) or other standard tool for sideline cognitive assessment.
- 2. Coaches or others medically responsible for students, may utilize the basic SAC/SCAT2 assessment form if trained to do so or should utilize a pocket guide on the field to assist them in recognizing cognitive impairment and possible concussion (if the athletic trainer is not available) and should then make appropriate referrals.

C. Balance/Vestibular testing is also an additional tool.

- 1. Balance/Vestibular testing is desirable but often difficult to implement. Balance/Vestibular testing when feasible is recommended.

VI. Concussion Action Plan

A. Sideline Management of Sports Related Concussion-- General Guidelines

- 1. Sideline assessment will be administered by the athletic trainer to every student who is suspected of sustaining a potential concussion-causing injury and/or displaying concussion-like signs and symptoms. The athletic trainer will assess orientation, memory, concentration and other symptoms.
- 2. History and oral examination, special tests, and physical exertion will be used to determine the presence and severity of the concussion, and to help the athletic trainer identify the appropriate referral course.
- 3. Ideally, the sideline evaluation will be completed by the athletic trainer using the Sports Concussion Assessment Tool (SCAT2)
- 4. Any student suspected of having a concussion by the athletic trainer, coach or school designated representative should be removed from play for the remainder of that day's game or practice.

B. On-field Management of Sports Related Concussion IN THE ABSENCE OF ATHLETIC TRAINER – General Guidelines

1. Any student with a witnessed loss of consciousness (LOC) of any duration should be spine boarded by appropriate medical personnel and transported immediately to nearest emergency department via emergency vehicle.
2. Any student who has symptoms of a concussion, and who is not stable (i.e., condition is changing or deteriorating), is to be transported immediately to the nearest emergency department via emergency vehicle.
3. A student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
 - a. deterioration of neurological function
 - b. decreasing level of consciousness
 - c. decrease or irregularity in respirations
 - d. decrease or irregularity in pulse
 - e. unequal, dilated, or unreactive pupils
 - f. any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - g. mental status changes: increasing lethargy, confusion or agitation and/or difficulty maintaining arousal
 - h. seizure/posturing activity
 - i. vomiting after potentially concussion-causing injury
4. A student who is symptomatic but stable, may be transported by his or her parents. The parents should be advised to contact the student's primary care physician, or seek care at the nearest emergency department, on the day of the injury.
5. The coach/athletic director should contact the athletic trainer to advise him/her of the injury.
6. **ALWAYS** give parents the option of emergency transportation, even if you do not feel it is necessary.

C. Guidelines and Procedures for the Certified Athletic Trainer for the Sports Related Concussion:

Certain concussions (e.g., mild, uncomplicated, resolving) may be managed by the AT (operating under the physician's standing orders) without referral to outside physician. In cases when an injured student has not seen a physician, the athletic trainer is empowered to clear a student to return to play. When a student has seen a physician, however, a physician note will be required prior to return to play clearance. Said note must come from a physician other than an emergency room physician.

1. The athletic trainer will assess the injury, or provide guidance to the coach if unable to personally attend to the student.
 - a. Immediate referral to the student's primary care physician or to the hospital will be made when medically appropriate.
 - b. Delayed referrals will be made as necessary (See Section XI).

- c. The athletic trainer will notify the student's parents and give written and verbal home and follow-up care instructions.
 - d. The athletic trainer will notify the school nurse of the injury, prior to the next school day if possible (e.g., immediate email so it's there awaiting the nurse's next day arrival), so that the school nurse can initiate appropriate follow-up in school immediately upon the student's return to school.
 - e. The athletic trainer will communicate with the school nurse (or guidance counselor) regarding the student's neurocognitive and recovery status. If needed the guidance department should initiate procedures for academic accommodations for student.
 - f. School nurse and athletic trainer will determine which of them should communicate with the student's treating physician/provider and keep the other apprised of physician orders.
2. The athletic trainer will notify the athletic director that a student has suffered a concussion. *The athletic director should notify school administration.*
3. The athletic trainer will notify the supervising neuropsychologist of the injury.
4. The athletic trainer is responsible for administering post-concussion cognitive testing.
 - a. Whenever possible, the initial post-concussion test will be administered 48-72 hours post-injury (or as soon as possible after 48 hours post-injury as allowed by student's return to school).
 - b. Repeat post-concussion tests will be given at appropriate intervals, dependent upon clinical presentation. The timing of retesting shall be determined on a case by case basis.
 - c. Athletic trainer will send notification of neurocognitive test data for supervising consultant to review as soon as possible upon the student's completion of the test.
 - d. The athletic trainer will review post-concussion test data with the student and the student's parent.
 - e. The athletic trainer will forward testing results to the student's treating physician, with parental permission.
5. The athletic trainer will monitor the student, and keep the School Nurse informed of the individual's symptomatology and neurocognitive status, for the purposes of developing or modifying an appropriate health care plan for the student-athlete. The athletic trainer will perform serial assessments of symptoms, signs and cognition using assessment tools and/or computerized neurocognitive tests, and possible balance/vestibular screening.
6. The athletic trainer is responsible for monitoring recovery & coordinating the appropriate return to play activity progression.
7. The athletic trainer will maintain appropriate documentation regarding assessment and management of the injury.

D. Guidelines and procedures for supervising neuropsychologist

1. Review any and all flagged baseline testing
2. Consult with athletic trainer and determine needs for repeat baseline testing or follow-up discussions
 - a. In cases of high symptom counts, athletic trainer should review with student
3. Review follow-up assessments in a timely manner; communicate impressions with athletic trainer, and PCP if permission granted.
4. Provide consultation on return to play status and treatment as indicated.
5. Communicate with athletic trainer who will in turn communicate with the School Nurse regarding any suggestions regarding needed accommodations or treatment interventions at school.
6. Consult with involved medical providers in cases of potential retirement from contact sports.

E. Guidelines and procedures for coaches:

1. CALL FOR ATHLETIC TRAINER IMMEDIATELY IF AVAILABLE; IF NOT AVAILABLE: RECOGNIZE, REMOVE, REFER
 - a. Recognize concussion: All coaches should become familiar with the signs and symptoms of concussion.
 - b. Remove from activity: If a coach suspects the student has sustained a concussion, the student should be removed from activity immediately, assessed, and *shall not be allowed to return to activity that day*. Hence, the student will not return to play until receiving clearance from appropriate medical personnel (i.e. athletic trainer, physician).
 - c. Refer the student for medical evaluation: Coaches should report all head injuries to the athletic trainer (or to other healthcare professionals if the athletic trainer is not available) as soon as possible, for medical assessment and management, and for coordination of home instructions and follow-up care.
2. The athletic trainer should be contacted as soon as possible.
 - a. The athletic trainer will be responsible for contacting the student's parents and providing follow-up instructions. The athletic trainer will also be responsible for initiating school-based follow-up.
 - b. Coaches should seek assistance from the host site athletic trainer if at an away contest.
 - c. If the athletic trainer is unavailable, or the student is injured at an away event, the coach is responsible for notifying the student's parents of the injury.
 - d. This call or contact with parents should happen as soon as the person to make the call is not tied up taking care of this or another student. If the student has to be transported emergently, the parents should be notified immediately.

3. If there is any question about the status of the student, or if the student cannot be monitored appropriately, the student should be referred to the emergency department for evaluation. If possible, an adult should accompany the student and remain with the student until the parents arrive.
4. Contact the parents to inform them of the injury and make arrangements for them to pick the student up at school. In the event that a student's parents cannot be reached, and the student is able to be sent home:
 - a. The coach or athletic trainer should insure that the student will be with a responsible individual, who is capable of monitoring the student and understanding the home care instructions, before allowing the student to be taken home. Written home care instructions should be provided to the individual responsible for monitoring the student.
 - b. The coach or athletic trainer should continue efforts to reach the parent.
5. Remind the student to report directly to the school nurse before school starts, on the day he or she returns to school after the injury. If you have not spoken directly with the athletic trainer or athletic director, notify nurse about the injury via email or cell. She needs to know about the concussion before the student next returns to school.
6. Students with suspected concussions should not be permitted to drive home.
7. Notify athletic director of the injury ASAP via phone or email on the day of the injury.

VII. Concussion Follow Up Care

A. Responsibilities of the School Nurse during the school day (within 72 hours to allow for Friday night game to Monday unless student does not return to school)

The student will be instructed to report to the school nurse upon his or her return to school. At that point, the school nurse should:

- i. Re-evaluate the student utilizing a graded symptom checklist.
- ii. Provide an individualized health care plan (as needed) based on both the student's current condition, and initial injury information provided by the athletic trainer or parent.
- iii. Notify the student's guidance counselor and teachers of the injury immediately.
- iv. Notify the student's physical education/wellness teacher immediately that the student is restricted from all physical activity until further notice.
- v. If the school nurse receives notification of a student who has sustained a concussion from someone other than the athletic trainer (student's parent, student, physician note), the athletic trainer should be notified as soon as possible, so that an appointment for cognitive testing can be made.
- vi. The school nurse will monitor the student, and keep the athletic trainer informed of the individual's symptomatology and neurocognitive status,

for the purposes of developing or modifying an appropriate health care plan for the student-athlete.

vii. Monitor the student on a regular basis during the school day.

B. Responsibilities recommended of the student's psychologist or guidance counselor during the day

- a) Communicate with school health office on a regular basis, recommending appropriate academic accommodations (including removal from class if necessary) for students who are exhibiting signs/symptoms of post-concussion syndrome, to provide the most effective care for the student.
- b) Advocate for and develop appropriate accommodations during recovery.
- c) Implement post-concussion graduated re-entry plan to academic and school activities using the Post Concussion Academic Accommodations format (Appendix H) when deemed necessary.

VIII. Return to Play (RTP) Procedures After Concussion

- 1. Returning to participate on the same day of injury
 - i. A student who exhibits signs or symptoms of concussion shall not be permitted to return to play on the day of the injury.
 - ii. Any student who denies symptoms but has abnormal sideline cognitive testing should be held out of activity.
 - iii. "When in doubt, hold them out."
- 2. Return to play after concussion
 - i. The student must meet all of the following criteria in order to progress to activity:
 - a. Asymptomatic at rest and with exertion (including mental exertion in school) AND:
 - b. Within normal range of baseline on post-concussion neurocognitive testing
 - c. When clinically indicated, asymptomatic students who have not yet returned to baseline on cognitive tests may begin a daily program of light walking as long as symptoms do not return.
 - d. Have written clearance from primary care physician or specialist if they saw a physician for this injury. (This clearance cannot be provided by the Emergency Room physician.)
 - ii. Treatment during recovery
 - a. If symptoms worsen or recur at any point throughout recovery, the level of activity should be regressed.
 - b. School activities can proceed as long as the student does not experience an increase in physical, cognitive, somatic or emotional symptoms; any increase should result in a reduction in the level of activity.
 - c. School personnel should be notified of status changes.
 - iii. Once the above criteria are met, the student will be progressed back to full activity following a stepwise process, (as recommended by both the

Zurich and NATA Statements) under the supervision of the athletic trainer.

- iv. Progression is individualized, and will be determined on a case by case basis.
 - a. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, and age of the student.
 - b. A student with a prior history of concussion, one who has had severe or prolonged symptoms **should be progressed more slowly**. In students with previous concussions, slower progression (e.g., 48 hours between stages) may be appropriate.
 - c. See further specifics regarding past concussions in the physician referral section at the end of the document.
- v. Stepwise progression based on the Zurich Statement recommendations with 24-48 hours between stages, determined on a case by case basis considering past concussion history and severity of the current concussion, will begin after the student has been asymptomatic for 24 hours. (Appendix F) A sample progression is detailed below:
 - a. Only light, sub-symptom activities of daily living including physical and mental activity should be allowed. Do not progress to step b until asymptomatic and cognitive tests are within normal limits. When clinically indicated, asymptomatic students who have not yet returned to baseline on cognitive tests may begin a daily program of light walking as long as symptoms do not return.
 - b. Stage 1 of RTP progression: Light aerobic, nonimpact, exercise – e.g., walking, stationary bike, supervised by athletic trainer.
 - c. Stage 2 of RTP progression: Light aerobic exercise – e.g., jogging on field, track or treadmill, supervised by athletic trainer.
 - d. Stage 3 of RTP progression: Sport-specific training - progress aerobic activities depending on the student's sport and position (to include sprinting, stop/start, cutting as indicated), incorporate progressive balance training, increasing difficulty of balance task and adding toss and catch over the next several stages supervised by athletic trainer.
 - e. Stage 4 of RTP progression: Non-contact (no hitting, no scrimmaging, and no heading) training drills with team.
 - f. Stage 5 of RTP progression: Full contact practice (no game play) with team.
 - g. Stage 6 of RTP progression: Released for game play.
- vi. Note: If the student experiences post-concussion symptoms during any stage, activity should cease for that day and until symptoms have again resolved. Once the student has a new 24-hour asymptomatic period, the student may resume the RTP progression beginning at the previous asymptomatic level.

- vii. If symptoms (self-report and/or sub-baseline test scores) persist for more than 10-14 days post injury, referral to a physician with expertise managing concussions should be considered.
3. Stages 1-3 are to be supervised by the athletic trainer. Stages 4-6 can be supervised by the team coach after she or he has received specific instructions from the athletic trainer.
4. Progression through RTP stages is to be approved by athletic trainer ONLY, and not left up to the coach.
5. The student should see the athletic trainer daily for re-assessment and instructions until he, or she, has progressed to unrestricted activity (i.e., Stage 6). This daily monitoring should continue until the concussion has resolved regardless of whether the student's sports season has ended.
6. Coaches should be instructed to be aware that the athletic trainer will be providing such guidance and should not allow the student to participate until he has spoken to the athletic trainer each day.

IX. Disqualifying a Student-Athlete

1. Current Game or Practice- This decision will be based on the sideline evaluation, the symptoms the student is experiencing, the severity of the symptoms and the patient's past history. Any question of concussion will result in removal from the contest and the student will be ineligible to return on the same day. Any suspected concussion will start the student on the Return to Play After Concussion pathway as outlined above.
2. Season- The decision for disqualification for the season will be based on the recommendations of a physician with expertise managing concussion and the student student's medical team. Concussion history, severity of episodes, and student's future health should be considered when this decision is made.
3. Career- Disqualification from a certain sport will be done in the same manner as the season disqualification above. This may only keep this student from contact and collision sports.

X. Home Instruction

1. Parents should be notified the day of the suspected concussion. A Post Concussion Care Instruction sheet (Appendix I) shall be given to the student or parent. Students should not drive if concussion is suspected. Alternative transportation should be coordinated by the injured student, parents, coaches, athletic trainer and/or athletic director.

XI. Physician Referral

In non-emergency situations, a written injury report including test results should be sent to the physician who will see the student; the student may hand carry the documents or they may be faxed to the physician. In cases where a written report cannot be produced/delivered to the physician, the athletic trainer may contact the physician with a verbal report.

1. Same-Day Referral in the presence of the athletic trainer
 - i. A student will be immediately referred if there is any single or combination of:
 - a. Prolonged (>15 seconds) loss of consciousness
 - b. Seizure or posturing activity
 - c. Deteriorating signs and symptoms. Worsening of symptoms should result in activation of EMS.
 - d. Significant amnesia (e.g., repetitive questioning)
 - e. Vomiting
 - ii. Serious consideration for rapid referral should be given when student:
 - a. Complains of severe headache
 - b. Complains of prolonged (20 minutes) disturbance of vision or hearing
 - c. Paresthesia or weakness
2. Delayed Referral-
 - i. A referral will be deemed necessary any time signs and symptoms worsen (i.e., neurocognitive status deteriorates). If mild symptoms do not improve in a 2-hour time-frame post-injury (or by the time the student will be leaving the presence of the AT), the athletic trainer will exercise clinical judgment regarding referral at that time.
 - ii. A referral shall be deemed necessary in cases where symptoms significantly interfere with ADLs and/or are persistent.
 - iii. Symptoms of any severity that are not improving after 7-10 days may warrant referral to the team physician, primary care physician or a physician with expertise managing concussion.
 - iv. If symptoms persist for more than 10-14 days post injury, referral to a physician with expertise managing concussion should be considered.
 - v. Students whose reported symptoms have resolved but whose neurocognitive test scores are not within normal range 7-10 days after resolution of symptoms may warrant referral to a neuropsychologist or physician with expertise managing concussion.
 - vi. Students who have suffered a concussion within 6-12 months of the current concussion will be referred to a physician with expertise managing concussion, and then if cleared by the concussion specialist, a more conservative timeframe (e.g., 48+ hours between stages) will be applied to the return to play progression.

XII. Record Maintenance

A. The Athletic Department, consistent with any applicable state and federal law, shall maintain the following records for 3 years:

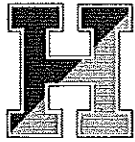
1. Verifications of completion of annual training and receipt of materials;
2. Department Pre-participation Forms;
3. Department Report of Head Injury Forms;
4. Department Medical Clearance and Authorization Forms; and
5. Graduated re-entry plans for return to full academic and extracurricular activities.

The school shall make these records available to the Department and the Department of Elementary and Secondary Education, upon request or in connection with any inspection or program review.

XIII. Reporting

A. The Athletic Director will be responsible for maintaining and reporting annual statistics on a Department form or electronic format that at minimum report:

1. The total number of Department Report of Head Injury Forms received by the school;
2. The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.



HAVERHILL HIGH SCHOOL

PARENT / STUDENT-ATHLETE GUIDE



The materials outlined in this guide define some of the policies and procedures for all students participating in our High School Athletic program. Additional Rules and Regulations can be found in the MIAA and Haverhill Student Handbooks. This guide is intended to provide a better understanding of the philosophy, goals and policies.

FALL SEASON

Cheerleading (Football)	Cross-Country, B/G
Field Hockey, (V/JV/FR)	Football, (V/JV/FR)
Golf	Soccer, B/G, (V/JV)
Swimming, G	Volleyball, G (V/JV/FR)

WINTER SEASON

Basketball, B/G (V/JV/FR)	Wrestling (Co-op)
Ice Hockey, (V/JV)	Skating, B/G
Swimming, B	Indoor Track, B/G
Cheerleading (Basketball)	

SPRING SEASON

Baseball, (V/JV/FR)	Softball, (V/JV/FR)
Tennis, B/G	Track and Field, B/G
Volleyball, B (V/JV)	Lacrosse, B/G, (V/JV)

STARTING DATES

Fall Season 8/22/11 Football & 8/25/11 All Other Sports

Winter Season 11/28/11

Spring Season 3/19/12

GOALS

- To enable as many students as possible to experience the benefits of team membership.
- To acquire and develop athletic skills.
- To improve physical conditioning as a requisite for good health.
- To develop appropriate attitudes toward competition, sportsmanship and self-discipline.

Participation on an athletic team is a rewarding experience, which requires students to commit their time, energy and spirit. Student-athletes are expected to be familiar with all school policies relating to participation in athletics, which are printed in the Student Handbook and this document. Parents of athletes are encouraged to support individual booster and parent clubs, which support our athletic program.

CONTACT

Tom O'Brien
Athletic Director
(978) 374-5732
tobrien@haverhill-ps.org
www.hillies.org

PARTICIPATION REQUIREMENTS

1. PARENT PERMISSION SLIP (FORM A)

Signed by parent and student-athlete.

2. PHYSICAL EXAMINATION

All students must pass a physical examination within 13 months of the start of each season. Students who meet these criteria at the start of the season will remain eligible for that season. Physical examinations must be performed by a duly registered physician, physician's assistant, or nurse practitioner.

3. MEDICAL HISTORY FORM (FORM B)

4. NORTHEAST REHAB CONSENT FORM

5. USER FEE

\$125 per student, per sport

\$650 family maximum for the year

Additional fee for Ice Hockey participants based on cost of ice rental.

Checks should be made payable to:

Haverhill High School Athletics

Fee due prior to start of season

WAIVERS

Student-athletes qualify for free lunch with have all user fees waived. Student-athletes who qualify for reduced lunch will pay a reduced fee of \$65 per student/per sport.

Families must apply through the school's official free/reduced lunch application process. Application material can be found on the www.hillies.org under Food Services

Waiver requests will be completely confidential.

REFUNDS

Student-athletes who do not make a team will be issued a complete refund. All other refund requests will be reviewed on a case-by-case basis.

FORMS/FEE DUE

All required forms and user fees can be submitted at any time during the school year. They are due in the athletic department office no later than the following dates preceding each season:

FALL – August 17, 2011

WINTER – November 18, 2011

SPRING – March 9, 2011

Required forms/fees can be dropped off at the athletic department office or mailed to:

Haverhill High School
Attn. Athletic Director
137 Monument Street
Haverhill, MA 01832

TRYOUTS/TEAM SELECTION

Students should understand that participation in athletics is a privilege. Students try out voluntarily and for some programs, there is a risk of not making the team. It is the judgment of the coaches that dictates the selection and number of participants for teams. That number is based on several factors. Cutting students is a difficult process, and all coaches realize that sensitivity and communication are essential.

All students are given fair and ample opportunity to demonstrate their abilities prior to the start of game situations. During the tryout period, the coach will provide an explanation of his or her expectations. It is the student's responsibility to demonstrate that he / she can meet those expectations. Students who do not make a team will be informed as to the reasons by the coach. Students are encouraged to try out for another team if there is space and if final cuts have not yet been made. After tryouts begin, no athlete may voluntarily leave a team and try out for another without the consent of both coaches and the Athletic Director.

COMMITMENT TO THE TEAM

When trying out for and after being selected to be a member of a team, Haverhill students are expected to attend all practices and games of that team. Weekend practice sessions vary by sport and should be expected. Interscholastic athletics demands much more commitment than a club or recreational activity. Every team member is expected to be present for all team practices and games. Because of scheduling parameters, many of our teams practice and play during scheduled school vacations. Students who plan to be absent for an extended period due to vacation or a planned extended absence should discuss this situation with the coach prior to tryouts.

SPORTSMANSHIP

Participation in Haverhill High School Athletics is a privilege. All athletes are expected to provide leadership for other members of the student body and to act in an exemplary manner that will do credit to the team, the school and the community at all times.

SCHOOL DISCIPLINE OBLIGATIONS

Student-athletes with school disciplinary obligations (either an office or teacher detention) are expected to fulfill those obligations before reporting to an athletic practice/game. Students cannot expect, and should not request, disciplinary action to be postponed or canceled for any athletic reason. *The athletic department reserves the right to remove or suspend a student-athlete from a team for disciplinary problems.*

TRANSPORTATION

All participants will travel to and from all competitions in school provided transportation. If a student must travel home from a contest with a parent/guardian, written permission must be provided by a parent/guardian, approved by the Athletic Director/Administrator and provided to the coach 24 hours in advance of the trip.

Student-athletes are strictly prohibited from driving themselves when transportation is provided..

CLASS ATTENDANCE POLICY

An athlete must be in attendance in school before 8:00 AM and must stay in school for the entire school day in order to participate in practice sessions or contest. If a contest is scheduled for a weekend, the athlete must be in school on Friday by 8:00 AM. The Athletic Director on an individual basis will deal with extenuating circumstances.

SCHOOL EQUIPMENT

Student-athletes are responsible for proper care and maintenance of all athletic equipment and uniforms issued to them. Athletes will be charged replacement value for equipment that is lost, stolen or damaged.

HAZING - CHAPTER 665

Hazing shall mean any conduct or method of initiation into any student organization, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug, or other substance, or any other brutal treatment or forced physical activity which subjects such students or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.

TEAM RULES AND REGULATIONS

At the start of each season a coach, with the approval of the athletic director, may issue a set of team rules and regulations. It is recommended that these be in written form and distributed to all team members. These rules, which are not to be in conflict with any regulations of the High School or MIAA, may vary to reflect the program philosophy, the nature of the sport and the practice/competition schedule. Violations of these rules may result in temporary or permanent suspension from the team.

ATHLETIC TRAINERS/INJURIES

If any injury or illness occurs during the season the trainer should be notified as soon as possible. If the injury or illness is referred to a doctor, a note clearing the athlete for resuming participation must be given to the trainer before the athlete may return to activity.

CONCUSSIONS

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional.

On site or at away contests, during a game or practice, the decision will be made by the individual designated to oversee the event. In most cases this will be the athletic trainer, but could be an EMT, team doctor, or the head coach pending circumstances. Parents are encouraged to review information on concussions and take free online courses provided through the following resources:

www.miaa.net

www.cdc.gov/concussions

INSURANCE & MEDICAL TREATMENT

The school provides each participant in interscholastic athletics with insurance coverage during his/her sport season during scheduled practices and contests; however, family policies would be used first for any injury during scheduled practices and contests. Medical costs above those allowed by family policies will be assumed by the school policy within any specified policy limitations. The parent/guardian is responsible for obtaining and submitting the claim form to the appropriate medical facility for treatment of any injuries incurred by the athlete in which a school insurance policy would apply. I understand that in case of injury, the school is responsible for first aid treatment only. You may get a claim form from the athletic trainer or the athletic office.

MIAA RULES AND REGULATIONS

All Haverhill athletic teams will follow the rules set forth in the current MIAA handbook, available at www.miaa.net. Student-Athletes, coaches, and parents are responsible for adhering to all MIAA rules and regulations. Below are summaries (exact rules can be found in the MIAA handbook) of some key rules:

RULE 40- OUT OF SEASON ACTIVITY

A coach *may not directly or indirectly require* a student-athlete to participate in a sport or training program outside of the MIAA defined sports seasons. "Captains Practices" are not in any way sanctioned, encouraged, or recognized in any sport by the MIAA or Haverhill High School.

RULE 45- BONA FIDE TEAM MEMBER RULE

A student must not miss a high school practice or competition to compete in any MIAA recognized sport for non-high school team.

RULE 51 & 58 - ACADEMIC ELIGIBILITY

Haverhill High School rules state that to be eligible for athletics a student must pass the equivalent of five courses from the previous marking period. Also, fall athletes must pass the equivalent of five courses from the previous year.

RULE 59 – TRANSFER STUDENTS

Student-athletes who have transferred in to Haverhill High School must notify the athletic department. Before a transfer student can be certified as eligible, the appropriate documentation must be filed by the athletic director.

RULE 60 - AGE

A student shall be under 19 years of age, but may compete during the remainder of the school year, provided that his/her 19th birthday occurs on or after September 1 of that year.

MIAA RULE 71 - CHEMICAL HEALTH

From the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not, regardless of the quantity, use or consume, possess, be in the presence of, buy/sell or give away any substance containing tobacco, alcohol, marijuana or any controlled substance. Also, Haverhill High Athletes may not be in the presence of any controlled substance in a situation that would be deemed unlawful.

Haverhill High School demands a high standard of responsibility of our student athletes thus the penalties for violation of this rule would be the loss of eligibility for 25% of their season. For second and subsequent violations the student shall lose eligibility for the next 12 consecutive interscholastic events or 12 consecutive weeks, whichever encompasses the greater number of contests in which the student is a participant. Loss of eligibility must be completed until a student is eligible to play in any other sport.

PARENT / GUARDIAN COMMUNICATION GUIDE

The following section is designed for parents of athletes participating in the Haverhill High School Athletic Program. Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to students. As parents, when your children become involved in our program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program.

COMMUNICATION YOU SHOULD EXPECT FROM YOUR CHILD'S COACH

1. Philosophy of the coach
2. Expectations the coach has for your child as well as all the players on the squad
3. Locations and times of all practices and contests
4. Team requirements, i.e., practices, special equipment, out-of-season conditioning
5. Procedure followed should your child be injured during participation
6. Discipline that may result in the denial of your child's participation

COMMUNICATION COACHES EXPECT FROM PARENTS

1. Concerns expressed directly to the coach
2. Notification of any schedule conflicts, well in advance
3. Specific concerns with regard to a coach's philosophy and/or expectations.

As your child becomes involved in the programs at Haverhill High School, they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you or your child wishes. At these times, discussion with the coach is encouraged.

APPROPRIATE CONCERNS TO DISCUSS WITH COACHES

1. The treatment of your child, mentally and physically
2. Ways to help your child improve
3. Concerns about your child's behavior

Coaches make judgment decisions based on what they believe to be the best for all students involved. As you have seen from the list above, certain things can and should be discussed with your child's coach. Other things, such as those that follow, must be left to the discretion of the coach.

ISSUES THAT ARE NOT APPROPRIATE TO DISCUSS WITH COACHES

1. Playing time
2. Team strategy
3. Play calling
4. Other student-athletes

There are situations that may require a conference between the coach, athlete, and the parent.

These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

THE FOLLOWING PROCEDURES SHOULD BE USED IF THERE IS A CONCERN:

1. Student-athlete should first discuss concerns directly with the coach
2. If parents/guardians still have concerns, they should contact the coach to make an appointment.
DO NOT confront a coach before, during or after a practice or game. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.
3. If the conversation / meeting did not provide a satisfactory resolution, call and set up an appointment with the Athletic Director to discuss the situation with the coach.

Never hesitate to follow the above procedures to make your concerns known.

RETRIBUTION

Students and parents must be confident that the voicing of an opinion or a concern, using the proper forum and method, is not only free from penalty or retribution, but also is strongly encouraged. The Athletic Director and coaches are committed to insuring that after a student or parent raises an issue or concern, there shall be no "retribution" in any form within the athletic department at Haverhill High School. If at any time, a student or his / her parent suspects that some form of retribution is surfacing as a result of the voicing of a concern, opinion, or issue, using the proper forum and method, he or she should contact the Athletic Director immediately.

Appendix B



HAVERHILL HIGH SCHOOL ATHLETICS

Parent Permission Form 2011-2012



Parent Form covers all three seasons

DETACH PARENT/STUDENT-ATHLETE GUIDE, READ AND RETAIN GUIDELINES FOR YOUR INFORMATION

Any participant in athletics must have this form completed and returned to the athletic office before participation will be allowed.

Student's Name _____ Date of Birth _____ Sex M / F

Grade _____ Sport (s) _____

Parent/Guardian Name(s) _____

Address _____

Parent E-Mail _____ Student E-Mail _____

By giving my permission, I will accept responsibility for helping to administer the Haverhill High Student Handbook and Parent/Student-Athlete Handbook, and release my son/daughter to be treated by medical personnel and transported to a medical facility in the event of an injury. Pertinent medical information contained in the student-athlete's history form will be shared with the student-athlete's coach.

By its nature, participation in interscholastic athletics includes the risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletics programs, it is impossible to eliminate the risk. Participants can, and have the responsibility to, help reduce the chance of injury. Players must obey all safety rules, report all physical problems to the coaches and athletic training staff, follow a proper conditioning program, and inspect their own equipment daily.

Further high school rules and MIAA rules may be found in the Student Handbook or online at www.hillies.org. A coach of an individual sport may set additional guidelines for the participants of his/her sport. The coach at the start of the season will give any additional rules. Please review them carefully.

All student-athletes shall abide by the rules and regulations set forth by their coaches and athletic department.

•Consent and Release Form:

I, the undersigned parent or guardian of my child, a minor, does hereby consent to my child's participation in voluntary athletic programs of the Haverhill Public Schools. I also agree to forever release the Haverhill Public Schools, the Haverhill School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic programs of the Haverhill Public Schools ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Haverhill Public Schools voluntary athletic program.

I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Haverhill Public Schools voluntary athletic programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Haverhill Public Schools athletic programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer involuntarily Haverhill Public Schools Athletic Program.

PARENT OR GUARDIAN

By signing this Permission Form, we acknowledge that we have read and agree with all information contained within and accept the risk of injury while participating in Haverhill High Athletics. We also acknowledge that we have read and agree with all rules and regulations set forth the Haverhill Parent/Student-Athlete Guide. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

_____ has my permission to play athletics during the 2011-2012 seasons.
(Student's Name)

Date _____

Signature of Parent/Guardian

Signature of Student-Athlete

Appendix D



AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT

I, the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____, who plans on participating in _____.

(Student athlete name - please print)

(Name of school) _____ (Sport(s)) _____

I, hereby give consent for a Certified Athletic Trainer, an employee of Northeast Rehabilitation, and/or other Northeast Rehabilitation Hospital Network clinical staff, who is contracted by the school to provide sports medicine services for the above minor. Sports medicine services include, but are not limited to: administering first aid for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer and/or sports medicine clinical staff will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for and rehabilitate athletic injuries. I understand that a written report of any athletic injury assessment will be confidentially maintained in the files of the training room or school nurse's office.

I, hereby authorize the Athletic Trainer and/or other Northeast Rehabilitation Hospital Network clinical staff who provide services to the above-named athlete to disclose information about the injury assessments and post injury status. This will be done as needed, with the coaching staff, Athletic Director of the school and if necessary; the school nurse, any treating healthcare provider and/or consulting concussion management specialist.

I understand that there is no charge to me for the above listed athletic training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the physician or provider of his/her choice. Injured athletes that have seen a physician must submit written clearance from that physician to the Athletic Trainer prior to being permitted to resume activity. This Authorization shall remain in effect for one sports season beginning with the date set forth below.

Parent/Guardian Name(print) _____ Signature _____ Date _____
 Relationship to student athlete _____ Cell/Work phone _____
 Home Address _____ Home phone _____

Student Athlete Name _____ Sex _____ Grade _____ Date of Birth _____
 Allergies _____
 Current Medications (ie asthma inhalers, epi-pen, etc) _____
 Physical impairments _____
 Other pertinent medical history (diabetes, seizures, heart condition, etc) _____

Physician Name _____ Physician Phone _____

Pre-Participation Head Injury/Concussion Reporting:

Has student ever experienced a traumatic head injury (a blow to the head)? Yes ___ No ___ If yes, when? Dates(month/year) _____
 Has student ever received medical attention for a head injury? Yes ___ No ___ If yes, when? Dates(month/year) _____
 If yes, please describe the circumstances: _____
 Was student diagnosed with a concussion? Yes ___ No ___ If yes, when? Dates(month/year) _____
 Duration of symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: _____

Student Athlete Signature _____

Parent/Guardian Signature _____

Statement Acknowledging Receipt of Education and Responsibility to Report Signs/Symptoms of Concussion:

I, _____ of _____ School hereby acknowledge having received education about the signs, symptoms and risk of sports related concussion. I also acknowledge my responsibility to report to the school athletic trainer, coaches, parent(s)/guardian(s) any signs/symptoms of a concussion.

Signature and Printed Name of student athlete _____

Date _____

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs/symptoms and risks of sport related concussion.

Signature and Printed Name of parent/guardian _____

Date _____

Rev. 8/11



Dear Parent/Guardian,
 Northeast Rehabilitation Hospital Network and _____ are currently implementing an innovative program for our student-athletes. This program will assist our athletic trainer and others involved with the healthcare of your son/daughter in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes at the beginning a contact sport season. Contact sports are defined by the American Academy of Pediatrics Classification of Sports According to Contact. The list of contact sports is as follows: football, girls and boys soccer, field hockey, cheerleading, girls and boys diving, girls and boys basketball, girls and boys ice hockey, wrestling, girls and boys gymnastics, girls and boys skiing, girls and boys lacrosse and ultimate Frisbee (if varsity sport). This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the contact sport athlete will be required to re-take the test. Both the preseason and post-injury test data is given to the athletic trainer and consulting clinicians, to help evaluate the injury. If a limited contact sport athlete or a noncontact sport athlete is suspected of having a concussion they too will be tested and compared to baseline normative data. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

We wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The administration, coaching, and athletic trainer are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact the Athletic Director or Athletic Trainer.

www.impacttest.com



Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Athlete date of birth _____

Sports _____

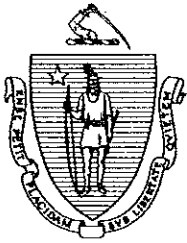
Signature of Athlete

Date

Signature of Parent

Date

www.impacttest.com



Appendix F

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

REPORT OF HEAD INJURY DURING
SPORTS SEASON

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a possible concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address		Telephone	

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes ____ no ____

If yes, was a concussion diagnosed? yes ____ no ____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

**POST SPORTS-RELATED HEAD INJURY
MEDICAL CLEARANCE AND
AUTHORIZATION FORM**

This medical clearance should be only be provided *after* a graduated return to play plan has been completed and student has been symptom free at all stages. *The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.*

Student's Name	Sex	Date of Birth	Grade
----------------	-----	---------------	-------

Date of injury: _____ Nature and extent of injury: _____

Symptoms (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Light/noise sensitivity |
| <input type="checkbox"/> Dizziness/balance problems | <input type="checkbox"/> Double/blurred vision | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Feeling sluggish/"in a fog" | <input type="checkbox"/> Change in sleep patterns | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Irritability/emotional ups and downs | <input type="checkbox"/> Sad or withdrawn |
| <input type="checkbox"/> Other _____ | | |

Duration of Symptom(s): _____ Diagnosis: ☐ Concussion ☐ Other: _____

If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: _____

Prior concussions (number, approximate dates): _____

Name of Physician or Practitioner: _____

☐ Physician ☐ Certified Athletic Trainer ☐ Nurse Practitioner ☐ Neuropsychologist

Address: _____ Phone number: _____

Physician providing consultation/coordination (if not person completing this form): _____

**I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR
ATHLETIC ACTIVITY.**

Signature: _____ Date: _____

Note: This form may only be completed by: a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

Post Concussion Academic Accommodations

Student Name:

Evaluation Date:

The above named student has suffered a concussion (s)he is not permitted to participate in any contact sports activity until formally cleared medically by the treating physician. The following academic accommodations may help in reducing the cognitive load thus minimizing post-concussion symptoms and allowing the student to better participate in an academic process during the recovery period. Accommodations needed may vary by course. The student and parent are encouraged to discuss and establish academic accommodations on a course by course basis.

Testing:

- * extra time to complete tests
- * testing in a quiet environment
- * allow testing across multiple sessions
- * reduce time of test
- * eliminate test when possible

Students with concussion have increased memory and attention problems. They may not be able to learn as quickly or effectively as before. Highly demanding activities such as testing can significantly increase symptoms (headache, fatigue) which can make testing more difficult.

Note Taking:

Allow student to obtain class notes or outlines ahead of time to organize and reduce note taking demands. Note taking may be difficult due to impaired multitasking abilities and increased symptoms.

Work Load Reduction:

- * reduce overall amount of make up work, class work, homework (recommend reduce 50-75%) may vary by course.
- * shorten tests and projects

It takes the concussed student much longer to complete assignments due to increased memory problems and decreased speed of learning. Recovery can be delayed when a student "pushes through" symptoms. It is recommended that cognitive load be reduced just as physical exertion is reduced.

Breaks:

- * take breaks as needed to control symptom levels.
- * Allow to go to the nurses office to rest if symptoms worsen or persist prior to returning to class.

Extra Time:

- * allow student to turn in assignments late

Students may experience severe symptoms on some days/nights and not others. Rest is advised with increased symptoms and may need to turn in late assignments.

Attendance Restrictions:

_____ Full Days as tolerated _____ Initiate homebound education
_____ Half Days as tolerated _____ No school until half days are tolerated
Full or half days missed due to concussion should be medically excused.

Teacher will be notified when student has been cleared to resume regular activity.

Signature _____



Post Concussion Care Instructions

On _____, your son /daughter _____ sustained/reported a head injury while participating the sport of _____. Assessment by the Certified Athletic Trainer indicates that your student-athlete has suffered a concussion (also known as a traumatic brain injury). These instructions are designed to help speed your recovery. Your careful attention to them can also prevent further injury.

Sometimes the signs and symptoms from a concussion do not become apparent until hours after the initial trauma. The following list includes some but not all possible signs and symptoms of a concussion:

- | | | |
|----------------------------|------------------------|-------------------------------|
| - Headache | - Nausea | - Balance problems/ dizziness |
| - Fatigue | - Drowsiness | - Trouble sleeping |
| - Blurred vision | - Vomiting | - Sleeping more than usual |
| - Sensitivity to light | - Sensitivity to noise | - Sadness |
| - Irritability | - Numbness/ tingling | - Feeling like in a "fog" |
| - Difficulty concentrating | | - Difficulty remembering |

If any of the following symptoms noted below occur, please seek medical attention immediately. Any questions about the injury please do not hesitate to call me, _____, Certified Athletic Trainer at _____ or go to your local emergency room.

- Any of the above signs and symptoms significantly increases in intensity.
- Severe headache that is not alleviated by Tylenol or cool packs applied to the head
- Repetitive or persistent vomiting
- Difficulty seeing, any peculiar eye movements, or one pupil larger than the other
- Restlessness, irritability, or drastic changes in emotional control
- Convulsions/ seizures
- Difficulty walking or using arms
- Dizziness/ unsteady gait or confusion that gets progressively worse
- Difficulty being awakened
- Difficulty speaking or slurring of speech
- Bleeding or drainage of fluid from the nose or ears
- Any new or severe symptoms

Instructions:

- REST is the key - get lots of rest. Physical rest and "brain" rest. Be sure the student athlete gets enough sleep at night & take naps if possible.
- Limit physical activity as well as activities that require a lot of thinking or concentration (homework, video games, texting). These activities can make symptoms worse.
- The student athlete should not physically exert him/herself (e.g., sports, lifting, running, biking) until cleared to do so by a medical professional. Simply walking at a normal pace is okay, if symptoms do not increase.
- The Student athlete should drink lots of fluids and eat healthy foods.
- If you approve the student athlete may take Tylenol (acetaminophen) as needed for headache. Nothing stronger unless authorized by a medical provider.
- Please report to the athletic trainer the next school day.

Rev.7/11

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



105 CMR 201.000

HEAD INJURIES AND CONCUSSIONS IN EXTRACURRICULAR ATHLETIC
ACTIVITIES

Section

- 201.001: Purpose
- 201.002: Authority
- 201.003: Citation
- 201.004: Scope
- 201.005: Definitions
- 201.006: School Policies
- 201.007: Training Program
- 201.008: Participation Requirements for Students and Parents
- 201.009: Documentation and Review Head Injury and Concussion History and Forms
- 201.010: Exclusion from Play
- 201.011: Medical Clearance and Authorization to Return to Play
- 201.012: Responsibilities of the Athletic Director
- 201.013: Responsibilities of Coaches
- 201.014: Responsibilities of Certified Athletic Trainers
- 201.015: Responsibilities of the School Nurse
- 201.016: Record Maintenance
- 201.017: Reporting

201.001: Purpose

The purpose of 105 CMR 201.000 is to provide standardized procedures for persons involved in the prevention, training, management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities, including but not limited to interscholastic sports, in order to protect their health and safety.

201.002: Authority

105 CMR 201.000 is promulgated pursuant to M.G.L. c. 111, § 222.

201.003: Citation

105 CMR 201.000 shall be known and may be cited as 105 CMR 201.000: *Head Injuries and Concussions in Extracurricular Athletic Activities*.

201.004: Scope

The requirements of 105 CMR 201.000 shall apply to all public middle and high schools, however configured, serving grades six through high school graduation, and other schools subject to the official rules of the Massachusetts Interscholastic Athletic Association. The requirements of 105 CMR 201.000 shall apply to students who participate in any extracurricular athletic activity.

201.005: Definitions

As used in 105 CMR 201.000, unless the context clearly requires otherwise, the following words shall have the following meanings:

Athlete means a student who prepares for or participates in an extracurricular athletic activity.

Athletic Director means an individual employed by a school district or school and responsible for administering the athletic program or programs of a school. The term Athletic Director refers to the Director and Assistant Directors. For schools that do not employ an Athletic Director, the term Athletic Director refers to the individual designated to be responsible for administering the athletic program or programs of a school.

Centers for Disease Control and Prevention refers to one of the major agencies of the United States Department of Health and Human Services with a mission to protect the health of people and communities through health promotion, prevention of disease, injury and disability.

Certified athletic trainer means any person who is licensed by the Board of Registration in Allied Health Professions in accordance with M.G.L. c. 112, § 23A and 259 CMR 4.00 as a professional athletic trainer and whose practice includes schools and extracurricular athletic activities. Pursuant to M.G.L. c. 112, § 23A, the certified athletic trainer practices under the direction of a physician duly registered in the Commonwealth.

Coach means an employee or volunteer responsible for organizing and supervising student athletes to teach them the fundamental skills of extracurricular athletic activities. The term coach refers to both head coaches and assistant coaches.

Commissioner means the Commissioner of the Department of Public Health or his designee.

Concussion means a complex disturbance in brain function, due to direct or indirect trauma to the head, related to neurometabolic dysfunction, rather than structural injury.

Department means the Department of Public Health.

Diagnosed means a physician's or nurse practitioner's opinion, derived from observation, examination, and evaluation of procedures or tests of a patient, that the patient has or had a concussion.

Extracurricular athletic activity means an organized school sponsored athletic activity generally occurring outside of school instructional hours under the direction of a coach, athletic director or band leader including but not limited to Alpine and Nordic skiing and snowboarding, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, rugby, soccer, skating, softball, squash, swimming and diving, tennis, track (indoor and outdoor), ultimate frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be extracurricular athletic activities.

Game official means a person who officiates at an extracurricular athletic activity, such as a referee or umpire including but not limited to persons enrolled as game officials in Massachusetts Interscholastic Athletic Association.

Head injury means direct blow to the head or indirect trauma to the head including a concussion or traumatic brain injury. Scalp or facial laceration alone is not a head injury for purposes of 105 CMR 201.000.

Massachusetts Interscholastic Athletic Association (MIAA) is a private, non-profit association organized by its member schools, public and private, to govern, coordinate and promote athletic activities in 33 or more sports for high school students.

MIAA member schools means all schools, whether public or private, that participate in interscholastic athletics under the auspices and rules of the Massachusetts Interscholastic Athletic Association.

Neuropsychologist means a professional who is licensed as a psychologist and certified as a health service provider by the Board of Registration of Psychologists pursuant to M.G.L. c. 112, §§118 through 129A with additional specialized training and expertise in the applied science of brain-behavior relationships and who has specific experience in evaluating neurocognitive, behavioral and psychological conditions and their relationship to central nervous system functioning. The neuropsychologist has specialized experience in administering and interpreting neuropsychological tests and has duties which may include, but are not limited to, pre-injury measurement of the cognitive abilities that may be disturbed by a concussion, testing within the first few days post-head injury, and periodic retesting to track resolution of the student's symptoms and improvement in cognitive

functioning. The neuropsychologist may also advise school staff regarding the student's need for post injury academic accommodations.

Nurse practitioner means a duly licensed and registered nurse authorized to practice in an expanded role as a nurse practitioner whose professional activities include performing physical examinations, diagnosing health and developmental problems, managing therapeutic regimens, and ordering therapies and tests.

Parent means the parent or guardian or foster parent of a student.

Physician means a duly licensed doctor of medicine or osteopathy.

Play means a practice or competition.

School means a single school that operates under the direct administration of a principal, head master, director or school leader appointed by a school district, or a charter school board or independent school board of trustees. School includes a public school operated by a municipal or regional school district, an education collaborative established under M.G.L. c. 40, § 4E, or a school granted a charter by the Board of Elementary and Secondary Education under M.G.L. c. 71, § 89 and 603 CMR 1.00: *Charter Schools* and operated by a board of trustees including Commonwealth and Horace Mann charter schools. School includes, but is not limited to, public and other schools that are members of MIAA. The term does not include associations of home-schooled students.

School-based equivalent means a form or format that a school district or school develops in lieu of Department of Public Health forms, which at minimum include all of the information required by the most current Department form posted on the Department's website.

School district means a municipal school department or regional school district, acting through its school committee or superintendent of schools; a county agricultural school, acting through its board of trustees or superintendent director; a charter school, acting through its board of trustees or school leader; an educational collaborative; or any other public school established by statute or charter, acting through its governing board.

School nurse means a nurse practicing in a school setting who is licensed to practice as a Registered Nurse by the Board of Registration in Nursing pursuant to M.G.L. c. 112, who is licensed to work as an educator in a school by the Department of Elementary and Secondary Education pursuant to 603 CMR 7.00: *Educator Licensure and Preparation Program Approval*, and who is appointed or assigned to a public school by a school committee or a board of health in accordance with M.G.L. c. 71, § 53 or employed by a superintendency district comprised of several towns in accordance with M.G.L. c. 71, §§ 53A and 53B or, who is employed, in the case of a charter or private school, by a board of trustees.

School physician means a licensed physician practicing in a school setting including but not limited to a physician who is appointed or employed by a school committee or board of health in accordance with M.G.L. c. 71, § 53, or employed by a superintendency district comprised of several towns in accordance M.G.L. c. 71, §§ 53A, 53B or, in the case of a charter or private school, by the board of trustees. School physician includes, but is not limited to, physicians assigned to examine children who apply for health certificates in order to obtain an employment permit pursuant to M.G.L. c. 71, § 54 and team physicians.

School health advisory/wellness committee means a committee consisting of school and community members who advise a school district on its comprehensive, coordinated school health program.

Second impact syndrome means a potentially lethal condition that can occur when a person sustains a head injury prior to complete healing of a previous brain injury, causing dysregulation of cerebral blood flow with subsequent vascular engorgement.

Sports means extracurricular athletic activities.

Student means a person enrolled for part-time or full-time attendance in an educational program operated by a school or school district, including home schoolers.

Teacher means any person employed in a school or school district under a license listed in 603 CMR 7.00: *Educator Licensure and Preparation Program Approval* or person employed to teach students in a non-public school.

Team physician means a physician assigned to an interscholastic football game played by any team representing a public secondary school in the Commonwealth pursuant to M.G.L. c. 71, § 54A.

Trainer means a person who provides students who participate in an extracurricular athletic activity with health and fitness instruction, including but not limited to the fundamental skills of performance, strength, or conditioning, but who is not licensed as a certified athletic trainer.

Traumatic brain injury (TBI) means a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. TBI may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head. TBI includes, but is not limited to, a concussion.

Volunteer means an adult who volunteers as a game official, coach, assistant coach, team parent, physician, nurse, or in an authoritative role to assist students who are engaged in an extracurricular athletic activity.

201.006: School Policies

A. All school districts and schools shall have policies and procedures governing the prevention and management of sports-related head injuries within the school district or school. The School Committee or Board of Trustees, consulting with the Board of Health where appropriate, shall adopt policies and procedures governing the prevention and management of sports-related head injuries within the school district or school following development of a proposal by a team consisting, at a minimum, of a school administrator, school nurse, school or team physician if on staff, athletic director, certified athletic trainer if on staff, neuropsychologist if available, guidance counselor, and teacher in consultation with any existing school health/wellness advisory committee. Policies and procedures shall address sports-related head injuries occurring in extracurricular athletic activities but may be applied to all head injuries in students. Review and revision of such policies and procedures shall occur as needed but at least every two years. At a minimum, these policies shall include:

- (1) Designation, by the superintendent or head master, principal or school leader, of the person responsible for the implementation of these policies and protocols, either the Athletic Director or other school personnel with administrative authority;
- (2) Annual training of persons specified in 105 CMR 201.007 in the prevention and recognition of sports-related head injury, and associated health risks including second impact syndrome, utilizing Department-approved training materials or program, and documentation of each person's completion of such training;
- (3) Documentation of a physical examination prior to a student's participation in extracurricular athletic activities on an annual basis consistent with 105 CMR 200.100(B)(3): *Physical Examination of School Children*; and information for students participating in multiple sports seasons that documentation of one physical examination each year is sufficient;
- (4) Procedure for the school to obtain and ensure review, prior to each sports season, of current information regarding an athlete's history of head injuries and concussions using either the Department Pre-participation Head Injury/Concussion Reporting Form For Extracurricular Activities (herein after "Pre-participation Form"), or school-based equivalent;

- (5) Procedure for medical or nursing review of all Pre-participation Forms indicating a history of head injury;
- (6) Procedure for the school to obtain and ensure timely medical or nursing review of a Department Report of a Head Injury During Sports Season Form (herein after "Report of Head Injury Form"), or school-based equivalent, in the event of a head injury or suspected concussion that takes place during the extracurricular activity season;
- (7) Procedure for reporting head injuries or suspected concussions sustained during extracurricular athletic activities to the school nurse and certified athletic trainer, if on staff;
- (8) Procedure for identifying a head injury or suspected concussion, removing an athlete from practice or competition, and referring for medical evaluation;
- (9) The protocol for medical clearance for return to play after a concussion that at minimum complies with 105 CMR 201.011;
- (10) Procedure for the development and implementation of post-concussion graduated reentry plans to school and academic activities, if indicated, by persons specified in 105 CMR 201.010(E)(1);
- (11) Procedure for providing information, and necessary forms and materials, to all parents and athletes including the:
 - (a) annual training requirement,
 - (b) procedure for the school to notify parents when an athlete has been removed from play for a head injury or suspected concussion sustained during an extracurricular athletic activity,
 - (c) protocol for obtaining medical clearance for return to play and academics after a diagnosed concussion,
 - (d) parent's responsibility for completion of the Pre-participation Form, or school-based equivalent, and
 - (e) parent's responsibility for completion of the Report of a Head Injury Form, or school-based equivalent;
- (12) Inclusion in the student and parent handbooks of information regarding the sports-related head injury policy and how to obtain the policy;
- (13) Procedure for communicating with parents with limited English proficiency;
- (14) Procedure for outreach to parents who do not return completed forms

required for students to participate in extracurricular sports and for how to handle situations where a student verifies completion of the annual training requirement but a parent has not;

- (15) Procedure for sharing information concerning an athlete's history of head injury and concussion, recuperation, reentry plan, and authorization to return to play and academic activities on a need to know basis consistent with requirements of 105 CMR 201.000 and applicable federal and state law including but not limited to the Massachusetts Student Records Regulations, 603 CMR 23.00, and the Federal Family Educational Rights and Privacy Act Regulations, 34 CFR Part 99.
 - (16) Instructions to coaches, certified athletic trainers, trainers, and volunteers (a) to teach form, techniques, and skills and promote protective equipment use to minimize sports-related head injury, and (b) to prohibit athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, such as using a helmet or any other sports equipment as a weapon;
 - (17) Penalties, including but not limited to personnel sanctions and forfeiture of games, for failure to comply with provisions of the school district's or school's policy.
- B. These policies and procedures shall be made available to the Department and to the Department of Elementary and Secondary Education upon request.
- C. The school or school district shall provide the Department with an affirmation, on school or school district letterhead, that it has developed policies in accordance with 105 CMR 201.000 by January 1, 2012. This affirmation shall be updated by September 30, 2013 and every two years thereafter upon review or revision of its policies.

201.007: Training Program

- A. The following persons annually shall complete one of the head injury safety training programs approved by the Department as specified on the Department's website:
- (1) Coaches;
 - (2) Certified athletic trainers;
 - (3) Trainers;
 - (4) Volunteers;

- (5) School and team physicians;
 - (6) School nurses;
 - (7) Athletic Directors;
 - (8) Directors responsible for a school marching band, whether employed by a school or school district or serving in such capacity as a volunteer;
 - (9) Parents of a student who participates in an extracurricular athletic activity; and
 - (10) Students who participate in an extracurricular athletic activity.
- B. The required training applies to one school year and must be repeated for every subsequent year.
- C. Each school shall maintain a record of completion of annual training for all persons specified by 105 CMR 201.007(A) through:
- (1) a certification of completion for any Department-approved on-line course; or
 - (2) a signed acknowledgment that the individual has read and understands Department-approved written materials required by 105 CMR 201.008(A)(1); or
 - (3) an attendance roster from a session using Department-approved training; or
 - (4) other means specified in school policies and procedures.
- D. If a school district or school offers head injury safety training to guidance counselors, physical education teachers, classroom teachers or other school personnel, the school district or school at minimum shall offer one of the current head injury safety training programs approved by the Department as specified on the Department's website.
- E. Game officials shall complete one of the training programs approved by the Department as specified on the Department's website annually and shall provide independent verification of completion of the training requirement to schools or school districts upon request.

201.008: Participation Requirements for Students and Parents

A. Pre-participation Requirements:

- (1) Each year, a school district or school shall provide current Department-approved training, written materials or a list and internet links for Department-approved on-line courses to all students who plan to participate in extracurricular athletic activities and their parents in advance of the student's participation.
- (2) All students who plan to participate in extracurricular athletic activities and their parents shall satisfy the following pre-participation requirements:
 - (a) Each year, before the student begins practice or competition, the student and the parent shall:
 - (i) Complete current Department-approved training regarding head injuries and concussions in extracurricular athletic activities; and
 - (ii) Provide the school with a certificate of completion for any Department-approved on-line course or a signed acknowledgement that they have read and understand Department-approved written materials, unless they have attended a school-sponsored training at which attendance is recorded or satisfied other means specified in school policies.
 - (b) Before the start of every sports season, the student and the parent shall complete and submit a current Pre-participation Form, or school-based equivalent, signed by both, which provides a comprehensive history with up-to-date information relative to concussion history; any head, face or cervical spine injury history; and any history of co-existent concussive injuries.

B. Ongoing Requirements:

If a student sustains a head injury or concussion during the season, but not while participating in an extracurricular athletic activity, the parent shall complete the Report of Head Injury Form, or a school-based equivalent, and submit it to the coach, school nurse or person specified in school policies and procedures.

201.009: Documentation and Review of Head Injury and Concussion History and Forms

- A. The school shall ensure that all forms or information from all forms that are required by 105 CMR 201.000 are completed and reviewed, and shall make arrangements for:

- (1) Timely review of all Pre-participation and Report of Head Injury Forms, and school-based equivalents, by coaches so as to identify students who are at greater risk of repeated head injuries.
 - (2) Timely review of all Pre-participation Forms which indicate a history of head injury and Report of Head Injury Forms, or school-based equivalents, by:
 - (a) the school nurse, and
 - (b) the school physician if appropriate; and
 - (3) Timely review of accurate, updated information regarding each athlete who has reported a history of head injury or a head injury during the sports season by:
 - (a) the team's physician if any, and
 - (b) the school's certified athletic trainer if any.
- B. The school may use a student's history of head injury or concussion as a factor to determine whether to allow the student to participate in an extracurricular athletic activity or whether to allow such participation under specific conditions or modifications.

201.010: Exclusion from Play

- A. Any student, who during a practice or competition, sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, shall be removed from the practice or competition immediately and may not return to the practice or competition that day.
- B. The student shall not return to practice or competition unless and until the student provides medical clearance and authorization as specified in 105 CMR 201.011.
- C. The coach shall communicate the nature of the injury directly to the parent in person or by phone immediately after the practice or competition in which a student has been removed from play for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness. The coach also must provide this information to the parent in writing, whether paper or electronic format, by the end of the next business day.
- D. The coach or his or her designee shall communicate, by the end of the next business day, with the Athletic Director and school nurse that the student has been removed from practice or competition for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness.

- E. Each student who is removed from practice or competition and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and extracurricular athletic activities.
- (1) The plan shall be developed by the student's teachers, the student's guidance counselor, school nurse, certified athletic trainer if on staff, neuropsychologist if available or involved, parent, members of the building-based student support and assistance team or individualized education program team as appropriate and in consultation with the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.
 - (2) The written plan shall include instructions for students, parents and school personnel, addressing but not be limited to:
 - (a) Physical and cognitive rest as appropriate;
 - (b) Graduated return to extracurricular athletic activities and classroom studies as appropriate, including accommodations or modifications as needed;
 - (c) Estimated time intervals for resumption of activities;
 - (d) Frequency of assessments, as appropriate, by the school nurse, school physician, team physician, certified athletic trainer if on staff, or neuropsychologist if available until full return to classroom activities and extracurricular athletic activities are authorized; and
 - (e) A plan for communication and coordination between and among school personnel and between the school, the parent, and the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.
 - (3) The student must be completely symptom free and medically cleared as defined in 105 CMR 201.011 in order to begin graduated reentry to extracurricular athletic activities.

201.011: Medical Clearance and Authorization to Return to Play

Each student who is removed from practice or competition for a head injury or suspected concussion, or loses consciousness, even briefly, or exhibits signs and symptoms of a concussion, shall obtain and present to the Athletic Director, unless another person is specified in school policy or procedure, a Department Post Sports-Related Head Injury Medical Clearance and Authorization Form (herein after "Medical Clearance and Authorization Form"), or school-based equivalent, prior to resuming the extracurricular athletic activity. This form must be completed by a physician or one of the individuals as authorized by 105 CMR 201.011(A). The ultimate return to play decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as appropriate.

- A. Only the following individuals may authorize a student to return to play:
 - (1) A duly licensed physician;
 - (2) A duly licensed certified athletic trainer in consultation with a licensed physician;
 - (3) A duly licensed nurse practitioner in consultation with a licensed physician; or
 - (4) A duly licensed neuropsychologist in coordination with the physician managing the student's recovery.
- B. By September 2013, physicians, nurse practitioners, certified athletic trainers, and neuropsychologists providing medical clearance for return to play shall verify that they have received Department-approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education.

201.012: Responsibilities of the Athletic Director

- A. The Athletic Director shall participate in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school.
- B. The Athletic Director shall complete the annual training as required by 105 CMR 201.007.
- C. The Athletic Director, unless school policies and procedures provide otherwise, shall be responsible for:
 - (1) Ensuring that the training requirements for staff, parents, volunteers, coaches and students are met, recorded, and records are maintained in accord with 105 CMR 201.016;
 - (2) Ensuring that all students meet the physical examination requirements consistent with 105 CMR 200.000: *Physical Examination of School Children* prior to participation in any extracurricular athletic activity;
 - (3) Ensuring that all students participating in extracurricular athletic activities have completed and submitted Pre-participation Forms, or school-based equivalents, prior to participation each season;
 - (4) Ensuring that student Pre-participation Forms, or school-based equivalents, are reviewed according to 105 CMR 201.009(A);

- (5) Ensuring that Report of Head Injury Forms, or school-based equivalents, are completed by the parent or coach and reviewed by the coach, school nurse, certified athletic trainer and school physician as specified in 105 CMR 201.009(A);
- (6) Ensuring that athletes are prohibited from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon; and
- (7) Reporting annual statistics to the Department in accord with 105 CMR 201.017.

201.013: Responsibilities of Coaches

A. Coaches shall be responsible for:

- (1) Completing the annual training as required by 105 CMR 201.007;
- (2) Reviewing Pre-participation Forms, or school-based equivalents, so as to identify those athletes who are at greater risk for repeated head injuries;
- (3) Completing a Report of Head Injury Form, or school-based equivalent, upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
- (4) Receiving, unless otherwise specified in school policies and procedures, and reviewing forms that are completed by a parent which report a head injury during the sports season, but outside of an extracurricular athletic activity, so as to identify those athletes who are at greater risk for repeated head injuries;
- (5) Transmitting promptly forms in 105 CMR 201.013(A)(2) and (3) to the school nurse for review and maintenance in the student's health record, unless otherwise specified in school policies and procedures;
- (6) Teaching techniques aimed at minimizing sports-related head injury;
- (7) Discouraging and prohibiting athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon; and
- (8) Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play.

B. Coaches are responsible for communicating promptly with the parent of any student removed from practice or competition as directed in 105 CMR

201.010(C) and with the Athletic Director and school nurse as directed in 105 CMR 201.010(D).

201.014: Responsibilities of the Certified Athletic Trainers

Certified athletic trainers, if on staff, shall be responsible for:

- A. Participating in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school;
- B. Completing the annual training as required by 105 CMR 201.007;
- C. Reviewing information from Pre-participation Forms, or school-based equivalents, which indicate a history of head injury and from Report of Head Injury Forms, or school-based equivalents, to identify students who are at greater risk for repeated head injuries;
- D. Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play; and
- E. Participating, if available, in the graduated reentry planning and implementation for students who have been diagnosed with a concussion.

201.015: Responsibilities of the School Nurse

The School Nurse shall be responsible for:

- A. Participating in the development and biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within the school district or school;
- B. Completing the annual training as required by 105 CMR 201.007;
- C. Reviewing, or arranging for the school physician to review, completed Pre-participation Forms, or school-based equivalents, that indicate a history of head injury and following up with parents as needed prior to the student's participation in extracurricular athletic activities;
- D. Reviewing, or arranging for the school physician to review, Report of Head Injury Forms, or school-based equivalents, and following up with the coach and parent as needed;
- E. Maintaining (1) Pre-participation Forms, or school-based equivalents, and (2) Report of Head Injury Forms, or school-based equivalents, in the student's health record;
- F. Participating in the graduated reentry planning for students who have been diagnosed with a concussion to discuss any necessary accommodations or modifications with respect to academics, course requirements, homework,

testing, scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academic and extracurricular athletic activities after a head injury and revising the health care plan as needed;

- G. Monitoring recuperating students with head injuries and collaborating with teachers to ensure that the graduated reentry plan for return to full academic and extracurricular athletic activities required by 105 CMR 201.010(E) is being followed; and
- H. Providing ongoing educational materials on head injury and concussion to teachers, staff and students.

201.016: Record Maintenance

- A. The school, consistent with any applicable state and federal law, shall maintain the following records for three years or at a minimum until the student graduates:
 - (1) Verifications of completion of annual training and receipt of materials;
 - (2) Department Pre-participation Forms, or school-based equivalents;
 - (3) Department Report of Head Injury Forms, or school-based equivalents;
 - (4) Department Medical Clearance and Authorization Forms, or school-based equivalents; and
 - (5) Graduated reentry plans for return to full academic and extracurricular athletic activities.
- B. The school shall make these records available to the Department and the Department of Elementary and Secondary Education, upon request or in connection with any inspection or program review.

201.017: Reporting

Starting school year 2011-2012, schools shall be responsible for maintaining and reporting annual statistics on a Department form or electronic format that at minimum report:

- A. The total number of Department Report of Head Injury Forms, or school-based equivalents, received by the school; and

- B. The total number of students who incur head injuries and suspected concussions when engaged in any extracurricular athletic activities.

REGULATORY AUTHORITY

105 CMR 201.000: M.G.L. c. 111, §222.