

ACTIONS IF A STUDENT-ATHLETE SUFFERS A SUSPECTED CONCUSSION EVENT:

- Immediately remove the student from play, be it a game or practice.
- Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, an increased risk for further injury, and even a risk of death.
- Have a medical professional diagnose the individual.
- **WHEN IN DOUBT, SIT THEM OUT.**

WHEN CAN A STUDENT-ATHLETE RETURN TO PLAY OR PRACTICE ACTIVITIES?

- Athletes **may not** return to play or practice on the same day after suffering a concussion.
- Athletes **must be evaluated** by a health care professional and **be cleared** before returning to play or practice.
- Once cleared, the athlete may proceed with activities in a **step-wise fashion** to allow the brain to re-adjust to exertion.

STEPS THE STUDENT-ATHLETE MUST FOLLOW AFTER CLEARANCE BY A MEDICAL PROFESSIONAL:

If symptoms occur during any of the following steps, the athlete must cease activity and be re-evaluated and cleared by their health care provider.

- Step 1 - Light exercise, including walking or riding an exercise bike. No weight lifting.
- Step 2 - Running in the gym or on the field. No helmet or other equipment.
- Step 3 - Non-contact training drills in full equipment. Weight training can begin.
- Step 4 - Full contact practice or training.
- Step 5 - Game play.

WHAT MUST BE DONE BY STUDENT-ATHLETES, PARENTS, AND COACHES?

- All parties must learn to recognize the "Signs and Symptoms" of concussion as listed above.
- Teach student-athletes to immediately inform the athletic trainer and coach if they experience such symptoms.
- Teach student-athletes to tell the athletic trainer and coach if they suspect that teammate has a concussion.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate a concussion.
- Report concussions to the athletic trainer and coaches to help in monitoring injured athletes as they move to the next sports season.

REST IS THE BEST TREATMENT FOR A CONCUSSION

Please acknowledge your receipt, understanding, and agreement with this important information by signing below.

I have read, fully understand, and agree to the above Warren County Public Schools guidelines regarding Student - Athlete Concussion.

Student-Athlete Name (print) _____

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature: _____ Date: _____