

Alton School District

Consent for return to learn and return to play following Concussion

Dear Parent or Guardian,

Your child has exhibited signs of a concussion on _____ (date). They will be withheld from participation in athletics and physical education until they are free of signs/symptoms. At that time they will be required to complete a return to play protocol under the direction of our concussion oversight team before returning to full participation in athletics or physical education.

Concussions are a brain injury, therefore academics can be affected. The concussion oversight team will see that adjustments in academics are made to aid your child as they recover from this injury. Please note that when your child has become symptom free they will make a return to full learning.

In accordance with state mandate you must sign and return this consent form to us before your child is allowed to return to play or return to learning without academic adjustments.

Please read the information about concussions on the back of this sheet and sign and return this sheet. Please keep a copy for yourself. Feel free to contact the school's Athletic Trainer or School Nurse who are key members of our concussion oversight team.

By signing Below, I acknowledge the following:

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

I, _____, consent for my child, _____, to return to full learning and begin return to play protocols when they are free of concussion symptoms.

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Students Name

Year In School: 9 10 11 12

Concussion Oversight Team Contact Information:

Athletic Trainer: Andy Renner, LAT, ATC 618-474-6954

School Nurse: Kathy Reimer, CSN 618-474-2700

Assistant Principal: Melissa Edwards 618-474-2700

Athletic Director: Jeff Alderman 618-474-6974

If you would like to follow up with a Doctor we recommend that you schedule an appointment with your family doctor or preferably our team physician listed here: Janiece Stewart, MD with BJC Sports Medicine/Alton Orthopedic Clinic Office: 618-692-6109

IHSA Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away

Symptoms may include one or more of the following:

- | | | |
|---|---------------------|-----------------------------------|
| +Headaches | +“Pressure in head” | +Nausea or vomiting |
| +Neck pain | +Drowsiness | +Balance problems or dizziness |
| +Amnesia | +“Don’t feel right” | +Blurred, double, or fuzzy vision |
| +Sensitivity to light or noise | | +Feeling sluggish or slowed down |
| +Feeling foggy or groggy | | +Change in sleep patterns |
| +Confusion | +More emotional | +Fatigue or low energy |
| +Sadness/Irritability | | +Nervousness or anxiety |
| +Concentration or memory problems (forgetting game plays) | | |
| +Repeating the same question/comment | | |

Signs observed by teammates, parents and coaches include:

- | | |
|--|--|
| +Appears dazed | +Vacant facial expression |
| +Confused about assignment | +Forgets plays |
| +Is unsure of game, score, or opponent | +Moves clumsily or displays incoordination |
| +Answers questions slowly | +Slurred speech |
| +Shows behavior or personality changes | +Can’t recall events prior to hit |
| +Can’t recall events after hit | +Seizures or convulsions |
| +Any change in typical behavior or personality | |
| +Loses consciousness | |

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy. You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Return To Play

The student must be free of s/s and no pain medicine taken.

Step 1: symptom free for 24hrs

Step 2: Light Aerobic Activity

Step 3: Sports Specific Moderate Activity

Step 4: Non-contact practice/training drills

Step 5: Full Contact Practice

Step 6: Return to Play

Return To Learn

Teachers will be notified of this injury as it can often affect academics.

The school’s medical staff will suggest various adjustments based on the students symptoms.

Those adjustments can include things such as:

Delaying testing, limiting homework, limiting screen time, moving closer to the front of class, wearing sunglasses if light sensitive, avoiding noise, etc.

There must be 24 hours of symptom free time between each step of RTP and the athlete should have made a full RTL at that time as well.

