Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports ***one or more*** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness *(even briefly)*	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events *prior* to hit or fall	Confusion
Can't recall events *after* hit or fall	Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

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

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

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: **www.cdc.gov/Concussion.**

Student-Athlete Name Printed	Student-Athlete Signature	Date
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

INOVA CONCUSSION PROGRAM

Pediatric Concussion Information and Plan Until Consultation with a Concussion Specialist or Primary Care Physician

WHAT IS A CONCUSSION?

Concussion is a process that affects the brain following direct or indirect forces to the head. The disturbance of normal brain function is related to dysfunction of brain metabolism rather than a structural brain injury (i.e., bruising, swelling). This disturbance is typically associated with normal imaging findings, which is one of the reasons CT scans are not always necessary as they do not reveal concussions.

WHAT TO EXPECT AFTER CONCUSSION?

Concussion results in physical, cognitive, emotional and sleep symptoms. Typically, symptoms last 1-4 weeks though in some cases symptoms may be prolonged. Symptoms may be further exacerbated or provoked upon engaging in cognitive, physical or social activities. The symptoms should improve as they engage further in the activity during subsequent exposures. Symptoms generally improve in severity and frequency over time, especially after the initial 72 hours. Your child may experience mild symptoms and must work through them.

COMMON SYMPTOMS

Physical	Cognitive	Emotional	Sleep
Headache	Feeling "Foggy"	Irritability	Sleeping More
Nausea/Vomiting	Feeling Slowed Down	Anxious	Sleeping Less
Fatigue	Difficulty Remembering	Feeling More Emotional	Drowsiness
Dizziness	Difficulty Concentrating	Sadness	Trouble Falling Asleep
Balance Problems	Visual Problems	Nervousness	
Sensitivity to Light/Noise		Rumination	

WHEN TO SEEK EMERGENCY MEDICAL CARE

- Persistent or Worsening Headache
- Seizures/Loss of Consciousness (LOC)
- Neck Pain
- Weakness/Numbness in Extremities
- Very Drowsy
- Repeated Vomiting
- Strange or Unusual Behavior
- Significant Irritability
- Increasing Confusion or Irritability
- Not Recognizing Familiar People/Places
- Slurred Speech
- Less Responsive than Usual

HOME MANAGEMENT TECHNIQUES FOLLOWING CONCUSSION

After the initial 24–48-hour period, it is recommended that your child begin to increase their activity. **Rest is no longer recommended as a treatment method for concussion after the initial 24-48 hours.** You will read and hear many mixed messages as far as concussion, but the guidance has changed significantly over time. Much of the information on the internet is outdated. **Continuing to rest for extended periods of time beyond the initial 24-48 hours can lead to increased symptoms and prolonged recovery.** It is also advised that patients limit over-the-counter medications to 2 to 3 doses per week after the first 72 hours to avoid the risk of overuse headaches. Until your child's appointment with our concussion specialists or primary care physician, your child should avoid activities that could pose risk for head injury. Focus on completing daily visual (e.g., reading a book, using the computer), social (e.g., going to a restaurant), and physical (e.g., walk) activities starting with short durations and progressing as tolerated. It is also recommended to keep a regulated schedule as far as:

DIET: Eating breakfast, lunch, and dinner each day is important even if three meals were not typically eaten before the injury.

HYDRATION: It is important to stay very well hydrated.

SLEEP: Stick to a strict sleep schedule, with regular bedtime/wake-up times and nap schedule (only if took naps prior to injury) after the first 24-48 hours.

PHYSICAL ACTIVITY: It is beneficial to take walks and/or engage in light non-contact physical activities, following the injury. Children can resume normal play but avoid any high-risk activity such as bike riding, high playground equipment or contact sports. Once you are seen by our team of concussion specialists or primary care physician, additional recommendation will be discussed.

STRESS: Try to reduce additional stress, nervousness, and anxiety by limiting focus on the injury and symptoms. Staying in a dark room or being overly withdrawn should also be avoided.

EXPOSE-RECOVER METHOD

After a concussion we recommend following the “Expose-Recover Method” when returning to physical, social and cognitive activities. It is acceptable to expose your child to normal, non-risk activities (i.e., those where the potential for contact or another head injury is low) when symptoms are rated between 0-4/10 severity levels. If symptoms increase to 5/10 severity or greater during activity, we recommend stopping activity and recovering with a stimulus break (i.e., time out) for approximately 10-15 minutes. This pattern of exposure and recovery should be utilized throughout the day. Activities should be limited until evaluated if greater than 5/10 severity symptoms are frequently being experienced and cannot be reduced with the stimulus breaks.

The Reston Raiders have teamed with INOVA Sports Medicine Concussion Clinic. Visits can be arranged by calling 703-970-6427 or on the web at INOVA Sport Medicine Concussion program. They should indicate that they are a student athlete with Reston Raiders, which will ensure priority appointment times.

Referral Information

Raiders has connected our community with medical professionals who understand concussions.

Inova Sports Medicine Concussion Program

Fairfax Location
8100 Innovation Park Drive,
Suite 110
Fairfax, VA 22031
703-970-6427

Sterling Location
46000 Center Oak Pl,
Ste 260
Sterling, VA 20166
703-970-6427

Fairfax Family Practice Comprehensive Concussion Center

3650 Joseph Siewick Drive, #400
Fairfax, VA 22033
703-391-2020

Inova Mount Vernon Hospital

2501 Parkers Lane
Alexandria, VA 22306
703-664-7190

Inova Loudoun Hospital

44035 Riverside Pkwy, #500C
Leesburg, VA 20176
703-858-6699

Dr. Scott Ross, MD

Prince William Sports Medicine and Concussion Program
Bull Run Family Practice
Novant Medical Group
Manassas, VA
Call Scott Wagner for appointment and mention Raiders: 703-367-5737

Dr. Ross has been affiliated with Raiders for a few years and regularly sees our injured players. He provided ImPACT baselines to Raiders in 2012 and has been a valuable resource to our hockey community.

Childrens SCORE Clinic

Rockville
301-765-5430

Head2Head

Inova in Leesburg
703-858-6667

Other Options

Any **ImPACT certified doctor**. Find one here: http://impacttest.com/doctors/find

For high school students, your high school's athletic trainer.

Take your preseason ImPACT baseline with you to medical professionals

- ImPACT certified professionals can access your player's baseline through the "passport code" you were emailed at baseline

PROGRESSIVE HOCKEY DEVELOPMENT

CONCUSSION RETURN TO PLAY

The Progressive Hockey Development Ice Hockey Concussion Return To Play Program is designed to assist players with their RTP process in a controlled and supervised manner.

PHD's staff of ice hockey training professionals will oversee each player through stages 3 through 5 of the RTP process after a medical doctor has formally cleared the player for this activity.

In our completely controlled training environment, our staff will put your hockey player through drills and continually monitor the player's symptoms to ensure that a second injury does not occur. When it comes to returning to play after a very serious injury such as a concussion, nothing compares to actual ice hockey drills to determine if your player is ready to return to play or not.

PHD Training Center has 3 synthetic ice rink training areas, where we can run players through ice hockey drills, 1-on-1 with the end goal of getting him/her back to practice as quickly as their healing will allow. Because we own and operate our own ice hockey training facility, we can schedule times that are convenient for you.

Progressive Hockey Development
22135 Davis Drive, #107-109
Sterling, VA 20164

Register Online at www.phdice.com

RESTON RAIDERS HOCKEY CLUB

SAFETY POLICIES

as of June 2013 (amended June 2019)

Reston Raiders Hockey Club strives to achieve the most proactive safety program in the CBHL. Concussions are difficult to spot, and signs/symptoms change by the hour and from day-today. The goals of the safety program are that no child skates while concussed and that parents are armed with as much information as possible. We follow and supplement the 2019 USA Hockey Concussion Management Program which is included in this document. Here are the components of the policy:

Baselines -- ImPACT and King Devick

Each player is given the opportunity to get two pre-season baselines as age appropriate: ImPACT and KingDevick. ImPACT is a computerized test that is utilized for Return To Play it takes 30-45 minutes and is offered to eligible Raiders at specific times/locations. KingDevick is a Remove from Play tool consisting of a timed reading of numbered charts, which takes about 5 minutes at the rink and is administered by team volunteers called Injury Liaisons.

Injury Liaisons or "ILs"

Every team has at least one designated Injury Liaison ("IL") or safety person, who is a volunteer. The ILs job is to assist coaches with player safety throughout the season.

Pull from Play

The IL will watch for potential injuries during games and practices and be available to the bench if coach suspects injury. The IL will administer the KingDevick test and compare against the player's baseline time and will run through a standard checklist of concussion signs/symptoms with the player. If a player shows delay/errors off King-Devick baseline or indicates signs/symptoms of concussion off the checklists, the IL will recommend pull from play as a precaution.

Coaches are **required** to pull players if they are injured on the ice and cannot then achieve their preseason KingDevick baseline time. In the 2012-13 season, 82% of the players who failed KingDevick and went to a medical professional within a few days afterward were diagnosed as concussed.

ILs do not diagnose concussions -- they only recommend pull from play. The guiding principle is: "WHEN IN DOUBT, SIT THEM OUT." ILs also will assist players with non-head injuries.

Return to Play

If a player has been pulled from play, it is the responsibility of the parent/guardian to take that player for full medical evaluation by a medical professional experienced in concussions before returning to play. Parents/guardians should always bring the preseason ImPACT baseline with them to this evaluation so the score can be compared to a post-injury ImPACT test, if given.

Athletic trainers will be available at limited times at the rink throughout the season as a resource for parents who suspect concussion or whose players were removed from play.

For any player who has been removed from play for a suspected concussion, a signed USA Hockey Concussion Management Return to Play Form is required for that player to return to practices or games. All other injuries return at the discretion of their parents. Bringing your child to a practice or game means you think s/he is 100% ready for full contact play. Coaches will remove players if there is any concern that a player is injured.

HEAD INJURY PROTOCOL

(effective June 2013) Updated August 2026

RRHC RESPONSIBILITIES | PARENT/PLAYER RESPONSIBILITIES

INJURY

On Ice: Indication of potential head injury: slow to get up, putting hand to head, crying after a hit, dazed/ confused, unsteady on feet, head hitting ice, player complaining.

IL or spectators see it and IL comes to bench.

Coach sees it and summons IL to bench.

ASSESSMENT

Utilize USA Hockey website and King Devick app

PLAYER SHOWS SIGNS OF CONCUSSION

WHEN IN DOUBT, SIT THEM OUT

PLAYER FAILS KING DEVICK = MANDATORY PULL FROM PLAY

PLAYER PASSES KING DEVICK AND SHOWS NO SIGNS OR SYMPTOMS

NOTICE

COACH OR IL INFORMS PARENT(S) AFTER ICETIME THAT PLAYER WAS ASSESSED

RETURN TO ICE

PLAY FULL CONTACT HOCKEY

HAVE FUN!

REMOVE FROM PLAY

COACH BENCHES PLAYER

PLAYER IS NOT TO BE LEFT ALONE

COACH INFORMS PARENTS AFTER GAME

IL DESCRIBE ASSESSMENT TO PARENTS AND GIVES PARENT PACKET

OLDER PLAYERS SHOULD NOT DRIVE THEMSELVES HOME

COACH OR IL TO DO INJURY REPORT SAME DAY

PARENTS TAKE PLAYER FOR MEDICAL EVALUATION

DOC OR ATHLETIC TRAINER

NO CONCUSSION

CONCUSSION

"USA HOCKEY CONCUSSION MANAGEMENT RETURN TO PLAY FORM" SIGNED BY HEALTH CARE PROVIDER AND PARENTS SUBMITTED TO COACH. COACH SIGNS AND GIVES TO SAFETY DIRECTOR

PLAYER REST & RECOVERY

MANAGE CONCUSSION PURSUANT TO MEDICAL INSTRUCTIONS

6 STEP GRADUAL RETURN TO PLAY

NO ICE UNTIL CLEARED FOR FULL CONTACT

Concussion Management Program

Michael Stuart MD
Kevin Margarucci ATC

A sports concussion management program must be incorporated within each affiliate. All USA Hockey programs should follow this protocol as a minimum standard and conform to their individual state concussion statutes.

Accepted current medical practice and the law in most states requires that any athlete with a *suspected* **Sports Related Concussion** (**SRC**) is ***immediately removed from play***.

- A concussion is a traumatic brain injury- ***there is no such thing as a minor brain injury.***
- A player does not have to be "*knocked-out*" to have a concussion- ***less than 10% of players lose consciousness***.
- A concussion can result from a blow to head, neck, ***or body***.
- Concussions often occur to players who don't have or just released the puck, from open-ice hits, unanticipated hits, and illegal collisions.
- The **youth** hockey player's brain is ***more susceptible*** to concussion.
- Concussion in a young athlete may be *harder* to diagnosis, takes *longer* to recover, and is *more likely* to have a recurrence, which can be associated with serious long-term effects.
- The strongest predictor of slower recovery from a concussion is the severity of **initial symptoms** *in the first day or 2* after the injury.
- Treatment is individualized and it is impossible to predict when the athlete will be allowed to return to play- ***there is no standard timetable***.

A player with ***any*** **symptoms/signs** or a ***worrisome*** **mechanism of injury** has a concussion until proven otherwise:

"When in doubt, sit them out."

Follow these concussion management steps:

1. Remove immediately from play (training, practice, or game)
2. Inform the player's coach/parents or guardians.
3. Refer the athlete to a qualified health-care professional (as defined in state statute)
4. Initial treatment requires a short period of rest, but the athlete may participate in light exercise (if their symptoms are not made worse).
5. Begin a graded return-to-sport and return-to-learn.
6. Provide written medical clearance for return to play (the ***USA Hockey Return to Play Form*** is required)

Diagnosis

Players, coaches, officials, parents, and heath care providers should be able to recognize the symptoms/signs of a sport related concussion. (See attached ***Concussion Recognition Tool 6***)

Symptoms:

- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Balance problems
- Dizziness
- Drowsiness
- Blurred vision
- Difficulty concentrating/remembering
- "Don't feel right"
- Sensitivity to light/noise
- More emotional or irritable
- Fatigue or low energy
- Feeling like "in a fog"
- Feeling slowed down
- Confusion
- Sadness
- Nervous or anxious

Observable Signs:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion
- Inability or slow to respond appropriately to questions
- Blank or vacant look
- Slow movement or incoordination
- Balance or walking difficulty
- Facial injury after head trauma

Management Protocol

1. If the player is ***unresponsive-*** call for help & dial 911

2. If the athlete is ***not breathing***: start **CPR**

3. Assume a neck injury *until proven otherwise*

- ✓ DO NOT move the athlete.
- ✓ DO NOT rush the evaluation.
- ✓ DO NOT have the athlete sit up or skate off until you have determined:
  - no neck pain
  - no pain, numbness, or tingling
  - no midline neck tenderness
  - normal muscle strength
  - normal sensation to light touch

4. If the athlete is conscious & responsive without symptoms or signs of a neck injury…
- help the player off the ice to the locker room.
- perform an evaluation.
- do not leave them alone.

5. Evaluate the player in the locker room: **Concussion Recognition Tool 6** or other sideline assessment tools
- Ask about concussion ***symptoms.***
- Observe for concussion ***signs.***
- ***Memory Assessment***
  - → What venue are we at today?
  - → What period is it?
  - → Who scored last in this game?
  - → Did your team win the last game?
  - → Who was your opponent in the last game?

→ If a healthcare provider is not available, the player should be safely removed from practice or play and referral to a physician arranged.

6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance, or recall has a concussion and should not be allowed to return to play on the day of injury.

7. The player should not be left alone after the injury, and serial monitoring for deterioration is essential over the initial few hours after injury.

If any of the signs or symptoms listed below develop or worsen go to the **hospital emergency department** or dial **911**.

- Severe throbbing headache
- Dizziness or loss of coordination
- Ringing in the ears (tinnitus)
- Blurred or double vision
- Unequal pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- Slurred speech
- Convulsions or tremors
- Sleepiness or grogginess
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty in being aroused

8. Concussion symptoms & signs *evolve over time*- the severity of the injury and estimated time to return to play are unpredictable.

9. A qualified health care provider guides the athlete through **Return-to-Learn** and **Return-to-Sport** strategies.

10. Written clearance from a qualified health care provider is required for an athlete to return to play without restriction (training, practice, and competition). Only the **USA Hockey Return to Play Form** is acceptable:

Return-to-Sport (RTS) Strategy: each step typically takes a minimum of 24 hours.

Step	Exercise Strategy	Activity at each step	Goal
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking)	Gradual reintroduction of work/school activities
2	Aerobic exercise **2A—Light** (up to approximately 55% max HR) **then** **2B—Moderate** (up to approximately 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
3	Individual sport-specific exercise Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact	Add movement, change of direction
Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination, and increased thinking
5	Full contact practice	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

*Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.
HCP, healthcare professional; max HR, predicted maximal heart rate according to age (i.e., 220-age).

Return-to-Learn (RTL) Strategy

Step	Mental Activity	Activity at each step	Goal
1	Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g., reading) while minimizing screen time. Start with 5–15 min at a time and increase gradually.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4	Return to school full time	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

Following an initial period of relative rest (24–48 hours following an injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

USA HOCKEY CONCUSSION MANAGEMENT
RETURN TO PLAY FORM

The USA Hockey Concussion Management Protocol and most state statutes require that an athlete be removed from any training, practice or game if they exhibit any signs, symptoms or behaviors consistent with a concussion or are suspected of sustaining a concussion. The player should not return to physical activity until he or she has been evaluated by a qualified medical provider who has provided written clearance to return to sports.

This form is to be used after an athlete has been removed from athletic activity due to a suspected concussion and must be signed by their medical provider in order to return without restriction to training, practice and competition.

Player Name: DOB: / /

Please cut here

Return this form to your District Player Safety Coordinator
(Information is used for data collection only. Name and DOB will not be shared)

District/Affiliate: _____ Name, email, phone # of person reporting: _____

Association & Team: _____ Date of injury: / / Age at time of injury: _____

Location of injury/Arena: _____

Injury signs/symptoms: _____

Age level of play: _____ (Y10U, Y14U, G10U, G12U, HS) Date of Initial Visit to Health Care Professional: / /

Print Health Care Professional Name: _____ License Number: _____

Role of Health Care Professional: (Physician, AT, Nurse Practitioner, etc.) _____

Address: _____ Phone Number: _____

I HEREBY AUTHORIZE THE ABOVE-NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR FULL PARTICIPATION WITHOUT RESTRICTION.

Signature: _____ Date: / /

I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION.

Parent/Legal Guardian Name: _____

Signature: _____ Date: / /

I AM THE COACH OF THE PLAYER IDENTIFIED AND I CONFIRM RECEIPT OF THIS CLEARANCE FORM ACKNOWLEDGING THE HEALTH CARE PROVIDER AND PARENT HAVE APPROVED THE ATHLETE'S RETURN TO PARTICIPATION WITHOUT RESTRICTION.

Coaches Name: _____

Coach Signature: _____ Date: / /

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

British Journal of Sports Medicine

Gradual Return to Play

Returning to play too soon following a concussive injury, even a bell ringer or a ding, can turn catastrophic.Therefore, once it is decided that an athlete is ready to return to play, coaches, parents, and athletes should follow a stepwise sequence to ensure the healing process is complete. Stepwise Return to Play calls for a gradual and systematic return to physical activity. If the athlete is able to complete the activity without the resurrection of symptoms or deterioration of brain function, he/she can graduate to the next step. If symptoms reappear at any step in the sequence, athletes are instructed to step back. Each successful step forward should be separated by at least 24 hours.