CONCUSSION CHECKLIST
(Revision #3)

Name:_____________________  Age:____  Grade:______      Sport:_________________________
Date of Injury:______________  Time of Injury:____________________

On Site Evaluation
Description of Injury:_______________________________________________________________
________________________________________________________________________________

Has the athlete ever had a concussion?       Yes       No
Was there a loss of consciousness?        Yes       No       Unclear
Does he/she remember the injury?      Yes       No       Unclear
Does he/she have confusion after the injury?  Yes       No       Unclear

Symptoms observed at time of injury:
Dizziness                  Yes       No
Ringing in Ears            Yes       No
Drowsy/Sleepy              Yes       No
“Don’t Feel Right”         Yes       No
Seizure                    Yes       No
Memory Problems            Yes       No
Blurred Vision             Yes       No
Vacant Stare/              Yes       No
Glassy Eyed                Yes       No

* Please circle yes or no for each symptom listed above.

Other Findings/Comments:__________________________________________________________

___________________________________________________________

Final Action Taken:       Parents Notified       Sent to Hospital
Evaluator’s Signature:______________________________ Title:___________________________
Address:_________________________ Date:______________
Phone No.:_____________________

Adoption Date: June 4, 2012
STUDENT POLICIES

RETURN TO PLAY PROTOCOL FOLLOWING A CONCUSSION:

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

When an athlete shows ANY signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice.
2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
3. The athlete should be medically evaluated following the injury.
4. Return to play must follow a medically supervised stepwise process.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

1. No exertional activity until asymptomatic for 24 hours.
2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3. Sport specific exercise such as skating, running, etc. Progressive addition of resistance training may begin.
4. Non-contact training/skill drills.
5. Full contact training in practice setting.
6. Return to competition

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

Adoption Date: June 4, 2012