



- Information For Parents
- Permission for Release of Information
- Accommodations Plan from Healthcare Provider
- CDC Fact Sheet
- Gradual Return to Activity Plan
  - Return to Academics Progression
  - Return to Play Progression

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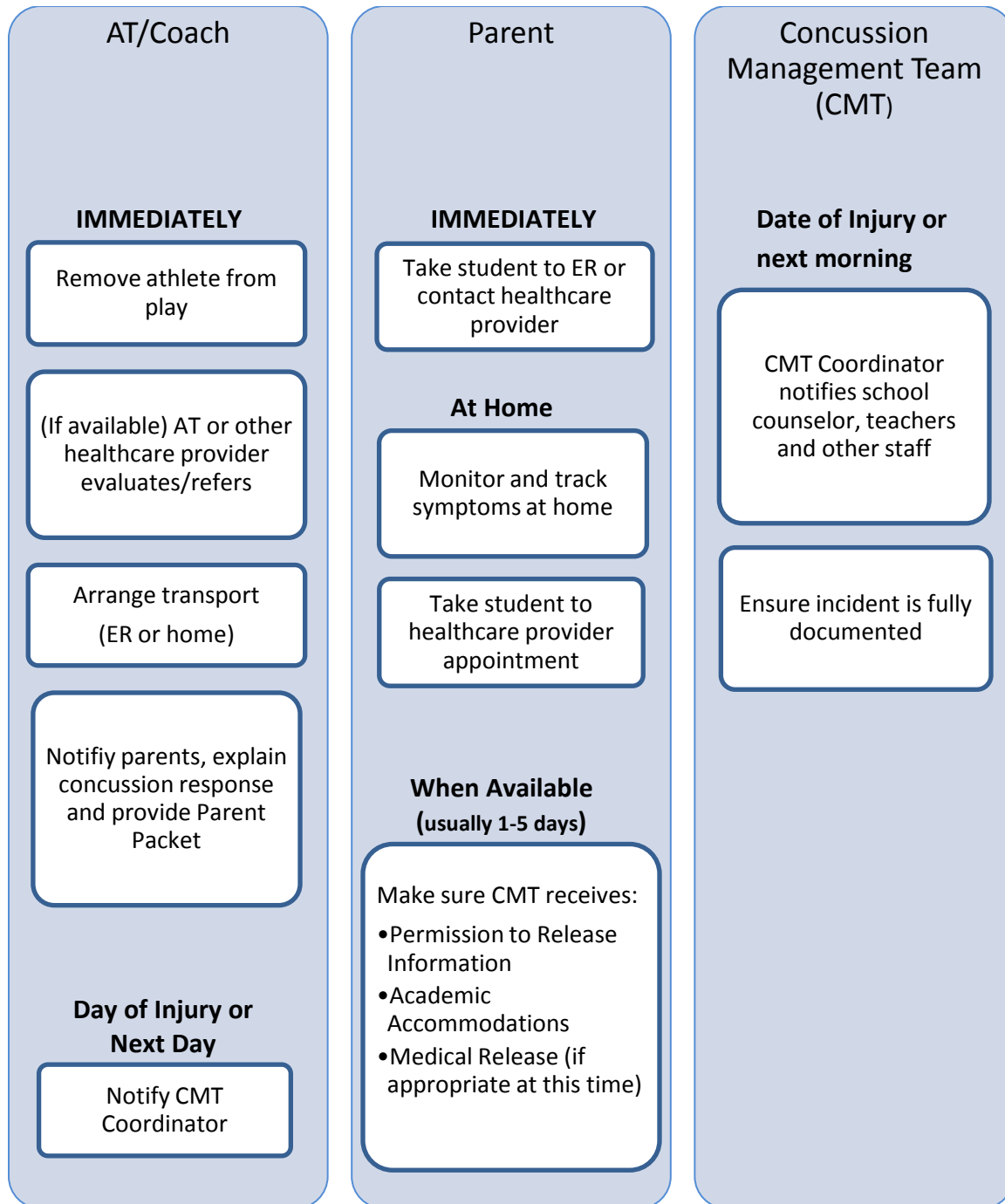
## INFORMATION FOR PARENTS

Your child has sustained a head injury/concussion. It is important that you do the following:

- Have your child evaluated by a healthcare provider trained in concussions.
- Read the ***Heads Up! Fact Sheet*** to learn more about the injury and what you need to watch for in your child.
- Help protect your child's brain. It needs complete cognitive rest to heal from a concussion. That means avoiding television, computer screens, video games, text messaging, reading, loud music/noises and homework while recovering.
- Make sure you and your healthcare provider sign the ***Permission for Release of Information*** form. Return this form to your child's school.
- Monitor your child's symptoms at home and report any new or worsening symptoms to your healthcare provider and your school's Concussion Management Team.
- If your child is diagnosed with concussion, use the ***Accommodations Plan from Healthcare Provider*** to help the Concussion Management Team at your child's school develop a Gradual Return to Activity Plan.

<b>SIGNS (OBSERVED BY OTHERS):</b>	<b>SYMPTOMS (REPORTED BY ATHLETE):</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Athlete appears dazed or stunned</li><li><input type="checkbox"/> Seems confused</li><li><input type="checkbox"/> Forgets plays or instructions</li><li><input type="checkbox"/> Is unsure about game, score, opponent</li><li><input type="checkbox"/> Moves clumsily (altered coordination)</li><li><input type="checkbox"/> Exhibits balance problems</li><li><input type="checkbox"/> Shows changes in mood, behavior or personality</li><li><input type="checkbox"/> Responds slowly to questions</li><li><input type="checkbox"/> Forgets events prior to hit or fall</li><li><input type="checkbox"/> Forgets events after the hit or fall</li><li><input type="checkbox"/> Loses consciousness (even briefly)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Headache or pressure in head</li><li><input type="checkbox"/> Foggy or hazy feeling</li><li><input type="checkbox"/> Nausea or vomiting</li><li><input type="checkbox"/> Double vision, blurry vision</li><li><input type="checkbox"/> Sensitivity to light or noise</li><li><input type="checkbox"/> Feeling sluggish, fatigued or groggy</li><li><input type="checkbox"/> Problems concentrating</li><li><input type="checkbox"/> Problems remembering</li><li><input type="checkbox"/> Just not feeling right or feeling down</li><li><input type="checkbox"/> Balance problems or dizziness</li><li><input type="checkbox"/> Numbness or tingling</li><li><input type="checkbox"/> Sleep problems</li></ul>

RESPOND RESPONSIBILITY CHART



Many states now have laws requiring that any student with a suspected concussion be cleared by a healthcare provider before returning to play.

PERMISSION FOR RELEASE OF INFORMATION

School District:
Name of School:
Address:
Phone:

Dear Healthcare Provider,

\_\_\_\_\_ has sustained a head injury/concussion on this date \_\_\_\_\_. Once a student exhibits signs, symptoms or behaviors consistent with concussion following an observed or suspected blow to the head or body or has been diagnosed with a concussion, a certified athletic trainer or coach may allow that member to participate in an athletic event or training only after the athlete:

- a) No longer exhibits signs, symptoms or behaviors consistent with a concussion and
b) Receives a medical release form from a healthcare professional.

School District \_\_\_\_\_ is alerting you to the injury and requesting that you partner with them in the management and recovery of this student athlete.

At the time of this notification, symptoms are:

Table with 2 columns: SIGNS (OBSERVED BY OTHERS) and SYMPTOMS (REPORTED BY ATHLETE). Each column contains a list of 12 items with checkboxes.

We greatly appreciate collaborating with you on important return to activities decisions. The Release of information is signed below. NOTE: The healthcare provider's own form may be substituted for this one.

I approve reciprocal communication between <school district> and <Medical Practice>. At any time I may end this agreement.

Signature of Parent or Guardian \_\_\_\_\_

Licensed Healthcare Provider \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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## ACCOMMODATIONS PLAN FROM HEALTHCARE PROVIDER (SAMPLE)

Student: \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

The signs and symptoms of a concussion can persist for days or weeks and can greatly affect learning. Sometimes symptoms may persist for months or longer. Daily check-ins with the student are recommended. The accommodations may need to change before the student's next medical appointment. The Concussion Management Team can make minor adjustments to the accommodations as needed.

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### GENERAL RECOMMENDATIONS

- No school until specified, to be reviewed on \_\_\_\_\_
- Abbreviated daily class schedule (every other day, shortened day)
- No physical education classes (including weight training, aerobics, yoga)
- Consider reducing make-up work to critical work only
- No testing (e.g., midterms, finals, standardized) during recovery period, until student is cleared

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### RECOMMENDATIONS FOR COGNITIVE ISSUES

- Provide extended time to complete assignments and/or shortened assignments
- Provide extended time to take tests in a quiet environment
- Provide a quiet environment to take tests
- Provide written instructions for homework
- Provide class notes by teacher or peer
- Allow use of notes for test taking due to memory issues
- Consider using tape recorder for note taking

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### RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES

- Allow time to visit school nurse for treatment of headaches or other symptoms
- Allow rest breaks during the day, if needed
- Allow "hall passing time" before or after the crowds have cleared
- Allow student to wear sunglasses indoors to control for light sensitivity
- Allow student to take lunch in quiet space to allow for rest and control for noise sensitivity

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### RECOMMENDATIONS FOR EMOTIONAL ISSUES

- Share progress and difficulties with parents, school nurse, counselor, medical provider and athletic trainer
- Develop an emotional support plan for the student, which may include an adult with whom the student can talk if feeling overwhelmed

Licensed Healthcare Provider \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

# HEADS+UP CONCUSSION IN HIGH SCHOOL SPORTS

## A FACT SHEET FOR PARENTS

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. 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?

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can’t recall events prior to hit or fall</li> <li>• Can’t recall events after hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or “pressure” in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not “feeling right” or is “feeling down”</li> </ul>

### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don’t let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it’s not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your teen convince you that s/he’s “just fine.”
- 4. Tell all of your teen’s coaches and the student’s school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen’s coaches, school nurse, and teachers. If needed, they can help adjust your teen’s school activities during her/his recovery.

### If you think your teen has a concussion:

Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

**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](http://www.cdc.gov/Concussion).

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



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Adapted from  
Oregon Concussion and Management Program (OCAMP) and  
Slocum Sports Concussion Program

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# ATENCIÓN\*

## CONMOCIONES CEREBRALES

HOJA INFORMATIVA PARA **LOS PADRES**

EN LOS DEPORTES  
DE LA ESCUELA SECUNDARIA

### ¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión en el cerebro causada por un golpe o una sacudida en la cabeza o el cuerpo. Incluso un golpeo, un zumbido en la cabeza, o lo que parece ser un golpe o una sacudida leve puede ser algo grave.

### ¿Cuáles son los signos y síntomas?

La conmoción cerebral no se puede ver. Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta después de días de ocurrida la lesión. Si su hijo adolescente le informa sobre **algún** síntoma de conmoción cerebral de los especificados a continuación, o si usted nota los signos, no permita que su hijo juegue y busque atención médica de inmediato.

Signos que notan los padres o tutores	Síntomas que reporta el atleta
<ul style="list-style-type: none"><li>• El atleta luce aturdido o desorientado</li><li>• Está confundido en cuanto a su posición o lo que debe hacer</li><li>• Olvida las instrucciones</li><li>• No se muestra seguro del juego, de la puntuación ni de sus adversarios</li><li>• Se mueve con torpeza</li><li>• Responde a las preguntas con lentitud</li><li>• Pierde el conocimiento (<i>aunque sea por poco tiempo</i>)</li><li>• Muestra cambios de humor, conducta o personalidad</li><li>• No puede recordar lo ocurrido antes o después de un golpe o una caída</li></ul>	<ul style="list-style-type: none"><li>• Dolor de cabeza o "presión" en la cabeza</li><li>• Náuseas o vómitos</li><li>• Problemas de equilibrio o mareo</li><li>• Visión borrosa o doble</li><li>• Sensibilidad a la luz y al ruido</li><li>• Debilidad, confusión, aturdimiento o estado grogui</li><li>• Problemas de concentración o de memoria</li><li>• Confusión</li><li>• No se "siente bien" o se siente "desganado"</li></ul>

### ¿Cómo puede ayudar a su hijo adolescente para que evite una conmoción cerebral?

Cada deporte es diferente, pero hay una serie de medidas que su hijo puede tomar para protegerse de las conmociones cerebrales.

- Asegúrese de que use el equipo de protección adecuado para la actividad. El equipo debe ajustarse bien y estar en buen estado, y el jugador debe usarlo correctamente y en todo momento.
- Controle que siga las reglas que imparta el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.

### ¿Qué debe hacer si cree que su hijo adolescente ha sufrido una conmoción cerebral?

**1. No permita que su hijo siga jugando.** Si su hijo sufre una conmoción cerebral, su cerebro necesitará tiempo para sanarse.

No permita que su hijo regrese a jugar el día de la lesión y espere a que un profesional de la salud, con experiencia en la evaluación de conmociones cerebrales, indique que ya no presenta síntomas y que puede volver a jugar. Una nueva conmoción cerebral que ocurra antes de que el cerebro se recupere de la primera, generalmente en un periodo corto (horas, días o semanas), puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo. En casos poco frecuentes, las conmociones cerebrales repetidas pueden causar edema (inflamación del cerebro), daño cerebral permanente y hasta la muerte.

**2. Busque atención médica de inmediato.** Un profesional de la salud con experiencia en la evaluación de las conmociones cerebrales podrá determinar la gravedad de la conmoción cerebral que ha sufrido su hijo adolescente y cuándo podrá volver a jugar sin riesgo alguno.

**3. Enséñele a su hijo que no es sensato jugar con una conmoción cerebral.** Descansar es fundamental después de una conmoción cerebral. Algunas veces los atletas creen equivocadamente que jugar lesionado es una demostración de fortaleza y coraje. Convenza a los demás de que no deben presionar a los atletas lesionados para que jueguen. No deje que su hijo adolescente lo convenza de que está "bien".

**4. Avíseles a todos los entrenadores de su hijo y a la enfermera de la escuela sobre cualquier conmoción cerebral.** Los entrenadores, las enfermeras escolares y otros miembros del personal de la escuela deben saber si su hijo adolescente alguna vez tuvo una conmoción cerebral. Su hijo debe limitar sus actividades mientras se recupera de una conmoción cerebral. Ciertas actividades como estudiar, manejar, trabajar en la computadora, jugar video juegos o hacer ejercicio pueden provocar que los síntomas de una conmoción cerebral vuelvan a aparecer o empeoren. Hable con su proveedor de atención médica y también con los entrenadores, las enfermeras de la escuela y los profesores de su hijo adolescente. De ser necesario, estas personas pueden colaborar en la adaptación de las actividades de su hijo durante su recuperación.

### Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

**Es preferible perderse un juego que toda la temporada.**

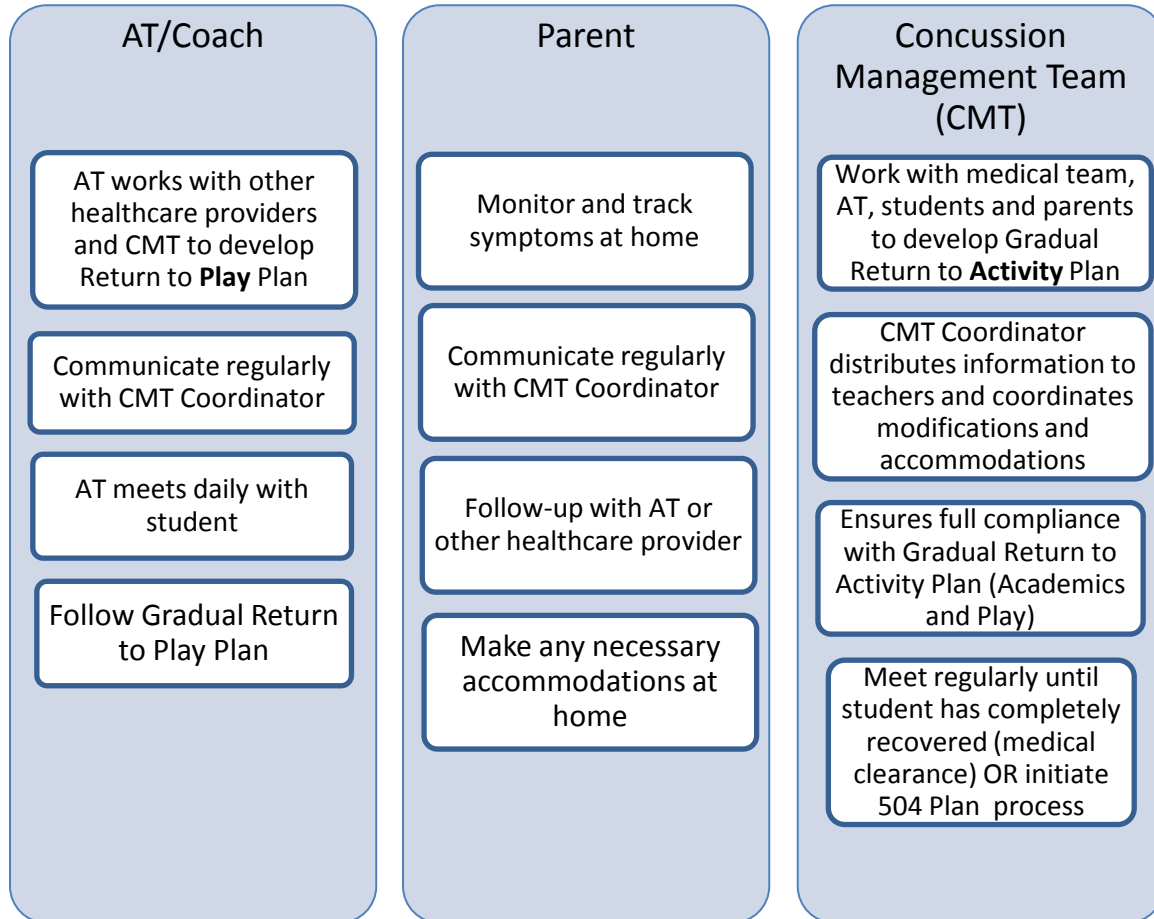
Para obtener más información y solicitar más materiales **de forma gratuita**, visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.  
CENTROS PARA EL CONTROL Y LA PREVENCIÓN DE ENFERMEDADES

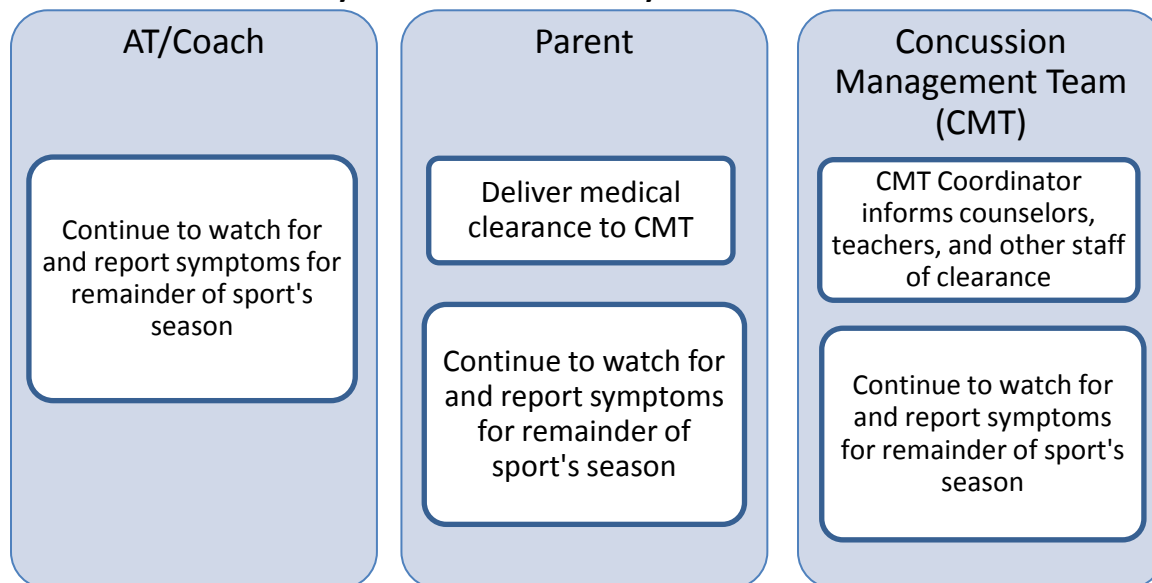


RETURN RESPONSIBILITY CHART

**After a medical evaluation confirms student can begin Gradual Return to Activity Plan**



**After student is medically cleared for full activity**



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## GRADUAL RETURN TO ACTIVITY PLAN

A healthcare professional with training in the management of concussion will recommend COGNITIVE AND PHYSICAL rest. Both are needed for the brain to heal. Typically, in the first few days following a concussion, **complete** cognitive and physical rest are needed.

Every concussion is different. A few students will be ready to return to school immediately. Most students, however, will need 2–3 days of complete rest before returning to school. For some, a longer rest period is required for symptoms to improve.

As symptoms begin to improve, students will return full time to school. However, learning accommodations will be necessary until all symptoms clear. Teachers can assist healing by canceling homework and reducing or dismissing assignments during this period. This isn't like the flu, where students can complete school-work while at home. Students need a break, not just a postponement, during this critical time.

The Concussion Management Team will develop a Gradual Return to Activity Plan, a stepped progression of increased activity over time as symptoms subside. Because the healing process is not linear or predictable, the Concussion Management Team will closely monitor and communicate progress.

**To ensure successful return to activity, the CMT Communication Coordinator will facilitate regular and ongoing communication among the CMT, the student, teachers and parents.**

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### A SUCCESSFUL GRADUAL RETURN TO ACTIVITY PLAN HAS TWO PARTS:

1. Return to Academics—a gradual return to school and academic requirements implemented by the teaching staff
2. Return to Play— a gradual return to sports implemented by the athletic staff

**The Return to Activity Plan is a medical decision with input from all members of the Concussion Management Team.**

## RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and remain at the step as long as needed. Return to previous step if symptoms worsen. Be flexible.

Steps	Progression	Description
1	<b>HOME—Total Rest</b>	<ul style="list-style-type: none"> <li>Stay at home</li> <li>No driving</li> <li>No mental exertion—computer, texting, video games, homework</li> </ul>
2	<b>HOME—Light Mental Activity</b>	<ul style="list-style-type: none"> <li>Stay at home</li> <li>No driving</li> <li>Up to 30 minutes mental exertion</li> <li>No prolonged concentration</li> </ul>

**Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms**

3	<b>SCHOOL—Part Time</b> Maximum accommodations Shortened day/schedule Built-in breaks	<ul style="list-style-type: none"> <li>Provide quiet place for scheduled mental rest</li> <li>Lunch in quiet environment</li> <li>No significant classroom or standardized testing</li> <li>Modify rather than postpone academics</li> <li>Provide extra time, help and modified assignments</li> </ul>
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**Progress to Step 4 when student handles 30–40 minutes of sustained mental exertion without worsening of symptoms**

4	<b>SCHOOL—Part Time</b> Moderate accommodations Shortened day/schedule	<ul style="list-style-type: none"> <li>No standardized testing</li> <li>Modified classroom testing</li> <li>Moderate decrease of extra time, help and modification of assignments</li> </ul>
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**Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms**

5	<b>SCHOOL—Full Time</b> Minimal accommodations	<ul style="list-style-type: none"> <li>No standardized testing; routine tests are OK</li> <li>Continued decrease of extra time, help and modification of assignments</li> <li>May require more support in academically challenging subjects</li> </ul>
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**Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics**

6	<b>SCHOOL—Full Time</b> Full academics No accommodations	<ul style="list-style-type: none"> <li>Attends all classes</li> <li>Full homework and testing</li> </ul>
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**When symptoms continue beyond 3–4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.**

## RETURN TO PLAY PROGRESSION

Return to activity is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. To begin the Return to Activity Plan, the student must be free of all symptoms (see the *Heads Up!* fact sheet), have no academic accommodations in place, and be cleared by a healthcare provider. The student may spend 1 to 2 days at each step before advancing to the next. **If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.**

Steps	Progression	EXERCISE
1	<b>No physical activity as long as there are symptoms</b> (this step could take days or weeks)	<ul style="list-style-type: none"> <li>Complete physical rest</li> </ul>

**Progress to Step 2 when CLEARED BY THE MEDICAL PROVIDER and 100% symptom-free for 24 hours.**

2	<b>Light aerobic activity</b> Increase heart rate (light to moderate workout not requiring cognitive attention or high degree of concentration)	10–15 minutes of exercise, no resistance training <ul style="list-style-type: none"> <li>Walking</li> <li>Swimming</li> <li>Riding an exercise bike</li> </ul>
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**Progress to Step 3 when symptom-free for 24 hours after Step 2 activities. If symptoms return, go back to Step 2.**

3	<b>Sport-specific exercise</b> Add movement (increased attention to coordination required)	20–30 minutes <b>supervised</b> play, low risk activities <ul style="list-style-type: none"> <li>Running in gym, on the field or on treadmill</li> <li>NO weightlifting</li> <li>NO head impact activities</li> <li>NO helmet or other equipment</li> </ul>
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**Progress to Step 4 when symptom-free for 24 hours after Step 3 activities. If symptoms return, go back to Step 3.**

4	<b>Non-contact training drills</b> Exercise, coordination (athlete's sport without risk of head injury)	<ul style="list-style-type: none"> <li>Progression to more complex training drills</li> <li>May start progressive resistance training</li> <li>May run/jump as tolerated</li> <li>Non-contact training drills in full equipment</li> </ul>
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**Progress to Step 5 when symptom-free for 24 hours after Step 4 activities. If symptoms return, go back to Step 4.**

5	<b>Full-contact practice</b> Minimal accommodations following <i>medical clearance</i>	<ul style="list-style-type: none"> <li>Normal training activities, under adult supervision</li> <li>Full contact practice or training</li> </ul>
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**Progress to Step 6 when CLEARED BY A MEDICAL PROVIDER. If symptoms return, go back to Step 5.**

6	<b>Return to play</b> Normal game play	No restrictions
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Recommendations from 2008 Zurich Consensus Statement on Concussion—Journal of Clinical Neuroscience 16 (2009) 755–763