

**Part VI: Concussion & Return to Play Policy
(Attached to VHSL Physical Form)**

State law mandates that school divisions provide information to parents and students concerning the risk of concussion, its consequences, and procedures for returning to participation after an incident. The goals of the “Student-Athlete Protection Act (SB 652)” are to ensure that student-athletes who sustain concussions are properly diagnosed, given adequate time to heal, and are comprehensively supported until they are symptom free.

I. Definition of Concussion

A brain injury that is characterized by an onset of impairment of cognitive and /or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

II. Signs and Symptoms

Signs observed by parents or guardians

- | | |
|--|--|
| + appears dazed or stunned | + is confused about assignment or position |
| + forgets an instruction | + is unsure of game, score, or opponent |
| + moves clumsily | + answers questions slowly |
| + loses consciousness (even briefly) | + shows behavior or personality changes |
| + can’t recall events prior to hit or fall | |
| + can’t recall events after hit or fall | |

Symptoms reported by athlete

- | | |
|----------------------------------|--|
| + headache or “pressure” in head | + nausea or vomiting |
| + balance problems or dizziness | + double or blurry vision |
| + sensitivity to light | + sensitivity to noise |
| + confusion | + feeling sluggish, hazy, foggy, or groggy |
| + does not “feel right” | + concentration or memory problems |

III. Return to Learn

Many of the signs and symptoms associated with a concussion can affect a student’s ability to participate in normal academic activities. With different rates of recovery, students may need modifications in their academic setting. Adjustments could include cognitive and physical rest with no school, part-time school, or full day school with minimal instructional modifications.

IV. Return to Play Progression

If an athlete is suspected of having incurred a concussion during practice or play, this policy will be followed:

1. removal from activity
2. notification of parent/guardian regarding the incident
3. doctor’s release on the “HCPS Concussion Medical Evaluation Form”
4. begin a 7 stage return to play progression per school’s licensed athletic trainer / coach / nurse
5. return to full participation after completing steps 1-4 above.

V. Acknowledgement by Parents/Guardians and Student-Athletes

I have reviewed the information concerning concussion and return to play procedures.

Student-Athlete Name (PRINTED)

Student-Athlete Name (SIGNATURE)

Date

Parent/Guardian Name (PRINTED)

Parent/Guardian Name (SIGNATURE)

Date