

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

Gfeller-Waller Concussion Clearance - NCHSAA Return to Play Form

All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Form.)

Athlete's Name _____ Date of Birth _____
 School _____ Team/Sport _____

JURY HISTORY Person Completing Injury History Section (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent
 Date of Injury _____ Name of person completing form: _____ Please see attached information

Following the injury, did the athlete experience:	Circle one	Duration (write number/ circle appropriate)	Comments
Loss of consciousness or unresponsiveness?	YES NO	_____ minutes / hours	
Seizure or convulsive activity?	YES NO	_____ minutes / hours	
Balance problems/unsteadiness?	YES NO	_____ hrs / days / weeks / continues	
Dizziness?	YES NO	_____ hrs / days / weeks / continues	
Headache?	YES NO	_____ hrs / days / weeks / continues	
Nausea?	YES NO	_____ hrs / days / weeks / continues	
Emotional Instability (abnormal laughing, crying, anger?)	YES NO	_____ hrs / days / weeks / continues	
Confusion?	YES NO	_____ hrs / days / weeks / continues	
Difficulty concentrating?	YES NO	_____ hrs / days / weeks / continues	
Vision problems?	YES NO	_____ hrs / days / weeks / continues	
Other	YES NO		

Describe the injury, or give additional details: _____

MEDICAL PROVIDER RECOMMENDATIONS (to be completed by a medical provider) This return to play (RTP) plan is based on today's evaluation.

RETURN TO SPORTS

PLEASE NOTE

1. Athletes are not allowed return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have **ANY symptoms**.
3. Athletes, be sure that your coach and /or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.

SCHOOL (ACADEMICS) May return to school now May return to school on _____ Out of school until follow-up visit

PHYSICAL EDUCATION Do NOT return to PE class at this time May return to PE class Can return to PE class after RTP progression

SPORTS Do not return to sports practice or competition at this time.
 (check all that apply) May start return to play progression under the supervision of the health care provider for your school or team
 May be advanced back to competition after phone conversation with attending physician
 Must return to medical provider for final clearance to return to competition
 Has completed a gradual RTP progression (see example on reverse) w/o any recurrence of symptoms & is cleared for full participation

Additional comments/instructions: _____

Physician Name (please print) _____ MD or DO

Signature (Required) _____

Date _____

Office Address _____

Phone Number _____

- All NC public high school and middle school athletes must have an MD signature to return to play
- More than one evaluation is typically necessary for medical clearance for concussion as symptoms may not fully present for days. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, **Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of first visit.**
- Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.

A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.

Medical Provider Name (please print) _____

NP, PA-C, LAT, Neuropsychologist (please circle one)

Office Address _____

Phone Number _____

Signature _____

Date _____

Name and contact information of supervising/collaborating physician

Name of Athlete: _____

Academic Recommendations (to be completed by a medical provider)

Following concussion individuals need both cognitive and physical rest to allow for the best and quickest recovery. Activities such as reading, watching TV or movies, video games, working/playing on the computer and/or texting heavily stimulates the brain and can lead to prolonged symptom recovery. Therefore, immediately following a concussion mental rest is key. Student-athletes present a challenge as they will often have school the day following an injury. Healthcare providers need to consider if modifications to school activities should be made to help facilitate a more rapid recovery. Modifications that may be helpful follow:

Return to school with the following supports:

- Shortened day. Recommended ____ hours per day until (date) _____
- Shortened classes (i.e. rest breaks during classes). Maximum class length ____ minutes.
- Allow extra time to complete coursework/assignments and test.
- Lessen homework load to maximum nightly ____ minutes, no more than ____ min continuous.
- Lessen computer time to maximum ____ minutes, no more than ____ min continuous.
- No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.

Gradual Return to Play Plan

Once the athlete is completely symptom-free at rest, and has no symptoms with cognitive stress (i.e. reading or school work), a gradual return to play progression can be started. All players must complete a Return to Play Protocol that proceeds in a step-wise fashion with gradual, progressive stages. This begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary cycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition. Monitoring of acute signs/symptoms during the activity, and delayed symptoms at 24 hours post-activity should be conducted. It is important that athletes pay careful attention to note any recurrence of symptoms (headache, dizziness, vision problems, lack of coordination, etc) both during and in the minutes to hours after each stage. After supervised completion of each stage without recurrence of symptoms, athletes are advanced to the next stage of activity. An athlete should **ONLY** be progressed to the next stage if they do not experience any symptoms at the present level. If their symptoms recur, they must stop and rest. Once symptom-free, the athlete returns to the previous stage of the protocol that they completed without recurrence of symptoms. If an athlete has to "re-start" twice, consultation with a healthcare provider is suggested. An *example* of a Return-To-Play protocol is found below:

STAGE	EXERCISE	DATE	COMPLETED/COMMENTS	SUPERVISED BY
1	20-30 min of cardio activity: walking, stationary bike. Weightlifting at light intensity (no bench, no squat): low weight, high reps. Goal: 30-40% of maximum HR			
2	30 min of cardio activity: jogging at medium pace. Sit-ups, push-ups, lunge walks x 25 each. Weightlifting at moderate intensity. Goal: 40-60% of maximum HR			
3	30 minutes of cardio activity: running at fast pace. Sit-ups, push-ups, lunge walks x 50 each. Sport-specific agility drills in three planes of movement. Resume regular weightlifting routine. Goal 60-80% of maximum HR			
4*	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, non-contact, sport-specific agility drills x 60 minutes. Goal 80-100% of maximum HR			
5	Participate in controlled contact practice.			
6	Resume full participation in competition.			

*Consider consultation with collaborating physician regarding athlete's progress prior to initiating contact at Stage 5

CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

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Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

Parental Permission

(To be completed by the parent or guardian)

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director, or coach.

I certify that the home address as parents shown below is my sole bona fide residence and I will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student-athlete. I further acknowledge I must not falsify any official eligibility information such as residency/address. Penalty for such acts will result in loss of eligibility for 365 days. All other information contained on this form is accurate and current.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis, or even death. It is impossible to eliminate this risk

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of my student-athlete named below for the following activities **circled below**:

Baseball	Golf	Swimming
Basketball	Indoor Track	Tennis
Cross Country	Outdoor Track	Volleyball
Football	Soccer	Wrestling
Softball	Cheerleading	

Others (School may list): _____

Date: _____ Parent/Guardian's Signature: _____

Name of Student-Athlete: (please print) _____

Name of Parent/Guardian: (please print) _____

Address of Parent/Guardian: _____

NOTE: This statement should be on file in the principal's office and is valid for one school year only.