

Parent/Physician Concussion Notification

To the Parents/Guardians of: _____ . Your child injured themselves demonstrating signs and symptoms consistent with concussion on _____. They were immediately removed from participation in athletics. The State of California requires your child to enter into a Physician (MD/DO) monitored Concussion Protocol even if suspected of suffering a concussion. Concussion Protocol is attached for your review and understanding.

The following **will** need to happen:

- See a physician who is familiar with concussions for an evaluation
- Keep your child at rest for the next few days including no other sports, avoid video games, and avoid getting overly excited or stressed

Your child's physician will need to complete the information below to allow seamless progress through the concussion protocol

Consent to discuss care

My signature below grants authorization and consent for all Medical Teams involved in the care and treatment of the above named athlete to communicate with my child's school's Sports Medicine Team. This consent includes in writing, phone call, fax, text, and email. This consent can be terminated at anytime in writing by the individual signing below.

Print Name _____ Signature _____ Date _____
Check one: _____ Parent _____ Guardian _____ Athlete (must be 18 years of age or older or an emancipated minor)

To be completed by Physician (MD/DO)

1. (Check one): _____ Athlete did not suffer a concussion Alternate Dx **Required:** _____
_____ Athlete suffered a concussion

2. Physical Activity Status: (Mark all that apply)

_____ Athlete may not participate in physical activity of any kind. Physician f/u Scheduled for: _____

_____ Athlete can proceed with concussion protocol beginning at the following stage (**Initial one**):

_____ Stage 1: Limited physical activity that does not exacerbate symptoms for at least 2 days AFTER physician visit

_____ Stage 2A: Light supervised aerobic activity-less than 50% max exertion HR <100

_____ Stage 2B: Moderate aerobic activity and light resistive training-50-75% max exertion HR 100-150

Body weight exercises

_____ Stage 2C: Strenuous aerobic activity and moderate resistive training <50% max weight

_____ Stage 2D: Sport specific training non-contact and normal resistive training

*****Athlete MUST be cleared prior to participating in any contact drills*****

_____ Stage 3A: Limited contact practice-controlled contact drills

_____ Stage 3B: Full contact practice-normal training (this stage is required for all contact sports)

_____ Stage 4: Return to unrestricted participation

_____ Athlete may return to limited participation in physical activity. Restrictions: _____

_____ Athlete may return to full participation in physical activity upon successful completion of Concussion Protocol

_____ Athlete may return to full participation in physical activity on (date) _____

Please include your stamp here **Required**

Print Name: _____ Exam Date: _____

Signature: _____



Concussion Protocol

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a 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. 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. Also, young children and teens are more likely to get a concussion and take longer to recover than adults.

Signs of concussion (observed by coach, ref, AT, etc.):

- 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 mood, behavior, or personality changes
- Can't recall events prior to the hit or fall
- Can't recall events after hit or fall

Symptoms of concussion (reported by the athlete):

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise, ringing in the ears
- Feeling sluggish, hazy, foggy, groggy, drowsy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or “feeling down”

Concussion Danger Signs: Immediate (urgent) medical attention is required if after a bump, blow, jolt to the head or body if one or more of the following danger signs are present:

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

Return to Play Protocol: You must have a physician's note to start or appropriately “stage” the athlete in the protocol AND to return to participation. Aside from Stage 1 (minimum of 2 days), all stages require a minimum of 1 day AND there **must not** be any return of symptoms. Stages 2 thru 4 MUST be monitored for symptom return.

Stage 1: Limited physical activity that does not exacerbate symptoms for at least 2 days AFTER physician visit

Stage 2A: Light supervised aerobic activity-less than 50% max exertion HR <100

Stage 2B: Moderate aerobic activity and light resistive training-50-75% max exertion HR 100-150 Body weight exercises

Stage 2C: Strenuous aerobic activity and moderate resistive training <50% max weight

Stage 2D: Sport specific training non-contact and normal resistive training

Stage 3A: Limited contact practice-controlled contact drills

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Stage 4: Return to unrestricted participation