

Lyons Central School District
POST CONCUSSION PROTOCOL
PARENT DOCUMENTED RETURN TO PLAY

Student: _____ Date of injury: _____

PE Teacher/Coach: _____

- There is a six *phase* progression for Return to Play AFTER being symptom free for 24 hours;
- There is a minimum of 24 hours rest between stages; family or friend medical clearances are not accepted.
- You must observe and question your child following activity for return of symptoms and record it. See below for a list of symptoms that require immediate evaluation by your primary medical provider (pediatrician, family practitioner, neurologist, or sport medicine physician), urgent care or the emergency department.
- If, at any stage, symptoms recur or worsen, STOP, contact your physician immediately. WAIT 24 hours. Do not resume any physical activity until symptom free for 24 hours and cleared by your primary care physician to do so.
- If symptom free and cleared, then you may allow your child to try *Phase 1*, sign and return this form to the school nurse or Athletic Trainer. If symptoms worsen or if your child is still symptomatic after 24 hours, STOP all physical activity, and contact your private physician before resuming *any* physical activity.

My child became completely symptom free on _____ at _____ AM/PM

My child rested from _____ AM/PM until _____ AM/PM. (Rest until asymptomatic for 24 hours.)

Comments: _____

Parent Signature (verifying rest period and asymptomatic status): _____ Date: _____

Phase 1 low impact non-strenuous light aerobic activity for short intervals, such as easy walking, biking, swimming in three ten minute intervals; no resistance training; may repeat daily during extended school breaks unless symptoms return.

Date: _____

Parent Signature (as witness to *Phase 1*): _____

Comments: _____

SYMPTOMS REQUIRING IMMEDIATE EVALUATION
BY YOUR PRIVATE PHYSICIAN, URGENT CARE, OR EMERGENCY ROOM.

MENTAL STATUS CHANGES: trouble thinking or remembering; acting strange; "not him/herself"

PERSONALITY CHANGES: child is combative or "not him/herself"; does not recognize you; acts as in a trance; or is confused; doesn't know what happened

LETHARGY OR DROWSINESS: cannot awaken child; child cannot stay awake; sleeper than usual; does not easily arouse in response to being called by name or being gently nudged

SPEECH CHANGES: slurred or garbled speech; not making sense; confusion

VOMITING: vomiting, persistent nausea, or "dry heaves"

HEADACHE: severe, worsening or pain lasting longer than a few hours

GAIT OR BALANCE CHANGES: trouble standing unassisted; difficulty walking; loss of balance; light headedness; dizziness; stumbling; walking or bumping into things

SEIZURES OR CONVULSIONS: generalized shaking, starring episodes you cannot interrupt or that keep occurring

SENSATION OR STRENGTH CHANGES: paralysis (inability to move), loss of feeling or any unusual sensation ("my feet feel funny"), numbness, or tingling in any part of the body

INCONTINENCE: of urine or feces (inability to control urination or defecation)

EAR OR NOSE: ringing in the ears; bloody, clear or runny fluid from nose or ears

EYE CHANGES: drooping eyelid/s; crossed eye(s); pupils unequal in size; seeing bright lights; or having blurred vision

INCREASED SWELLING, BLEEDING, OR PAIN: at the injury site

PLEASE NOTE: YOUR CHILD HAS SUFFERED A HEAD INJURY. THERE IS A VERY GOOD CHANCE THAT PRACTICES AND/OR GAMES WILL BE MISSED.