

Head Injury / Concussion Parent Notification



Athlete _____ Date of injury _____ Sport _____

Your son/daughter has sustained a head injury while participating in _____. In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs and symptoms:

1. Headache (especially one that increases in intensity*)
2. Nausea and vomiting*
3. Difference in pupil size from right to left eye, dilated pupils*
4. Blurry or double vision*
5. Slurred speech*
6. Noticeable changes in the level of consciousness (difficulty awakening, or losing consciousness suddenly)*
7. Seizure activity, convulsions, or tremors*
8. Decreased or irregular pulse OR respiration*
9. Stiffness of the neck
10. Mental confusion/behavior changes
11. Dizziness
12. Memory loss
13. Ringing in the ears
14. Changes in gait or balance

*** Seek medical attention at the nearest emergency department.**

The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your son/daughter. Ibuprofen, aspirin, and other non-steroidal anti-inflammatory medications are not recommended. It is okay to rest and sleep, and eat light meals. Your son/daughter should refrain from physical activity until cleared by a licensed health care provider. If you have any question or concern at all about the symptoms you are observing, contact your family physician for instructions or seek medical attention at the closest emergency department.

He / she must submit written clearance from a physician (MD or DO) before they will be allowed to return to practices and games. Once cleared by a physician, CA State Law 2127 requires a mandatory graduated return to play protocol of no less than seven days. Please see the CIF Concussion Return to Play Protocol.

Please remind your child to check in with the Athletic Trainers at lunch time on the first day he/she returns to school.

Recommendations provided by:

_____ on _____

Athletic Trainer

Date

If you have any questions or concerns, please don't hesitate to contact the athletic trainers.

Oscar C. Melero, MS, ATC, CSCS, CES
Head Athletic Trainer
(415) 775-6626 ext. 788 office

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Assistant Athletic Trainer
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Enter to Learn, Leave to Serve

Physician Letter to School

To Whom It May Concern:

Patient Name: _____ DOB: _____

INJURY STATUS	Date of Concussion Diagnosis by MD/DO: _____
<input type="checkbox"/> Has been diagnosed by a MD/DO with a concussion and is currently under our care.	
<input type="checkbox"/> Medical follow-up evaluation is scheduled for (date): _____	
<input type="checkbox"/> Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.	

ACADEMIC ACTIVITY STATUS <small>(Please mark all that apply)</small>
<input type="checkbox"/> This student is not to return to school.
<input type="checkbox"/> This student may begin a return to school based on successful progression through the CIF Concussion Return to Learn Protocol . This student requires the necessary school accommodations set forth on the Physician (MD/DO) Recommended School Accommodations Following Concussion form.
<input type="checkbox"/> This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.
<i>Comments:</i> _____
PHYSICAL ACTIVITY STATUS <small>(Please mark all that apply)</small>
<input type="checkbox"/> This student is not to participate in physical activity of any kind.
<input type="checkbox"/> This student is not to participate in recess or other physical activities except for untimed, voluntary walking.
<input type="checkbox"/> This student may begin a graduated return to play progression (see CIF Concussion RTP Protocol form).
<input type="checkbox"/> This student has medical clearance for unrestricted athletic participation (Has completed the CIF Concussion RTP Protocol).
<i>Comments:</i> _____

Physician (MD/DO) Signature: _____

Exam Date: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____

Date: _____

CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- This is an example of a *graduated return to play protocol* that MUST be completed before you can return to FULL COMPETITION.
 - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
 - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at anytime during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. <u>Minimum</u> of 6 days to pass Stages I and II.				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days	<ul style="list-style-type: none"> • No activities requiring exertion (weight lifting, jogging, P.E. classes) 	<ul style="list-style-type: none"> • Recovery and elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none"> • 10-15 minutes (<i>min</i>) of walking or stationary biking. • Must be performed under direct supervision by designated individual 	<ul style="list-style-type: none"> • Increase heart rate to no more than 50% of perceived maximum (<i>max</i>) exertion (e.g., < 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity <i>(Light resistance training)</i>	<ul style="list-style-type: none"> • 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total 	<ul style="list-style-type: none"> • Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity <i>(Moderate resistance training)</i>	<ul style="list-style-type: none"> • 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight 	<ul style="list-style-type: none"> • Increase heart rate to > 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills <i>(No restrictions for weightlifting)</i>	<ul style="list-style-type: none"> • Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat 	<ul style="list-style-type: none"> • Add total body movement • Monitor for symptom return
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.				
	III	Limited contact practice	<ul style="list-style-type: none"> • Controlled contact drills allowed (no scrimmaging) 	<ul style="list-style-type: none"> • Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> • Return to normal training, with contact • Return to normal unrestricted training 	
<u>MANDATORY:</u> You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice <i>(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)</i>				
	IV	Return to play (competition)	<ul style="list-style-type: none"> • Normal game play (competitive event) 	<ul style="list-style-type: none"> • Return to full sports activity without restrictions

Athlete's Name: _____

Date of Concussion Diagnosis: _____

CIF Concussion Return to Learn (RTL) Protocol

Instructions:

- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome than if he or she tries to rush through these guidelines.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
Brain Rest	<ul style="list-style-type: none"> • Rest quietly, nap and sleep as much as needed. • Avoid bright light if bothersome. • Drink plenty of fluids and eat healthy foods every 3-4 hours. • Avoid "screen time" (text, computer, cell phone, TV, video games). 	<ul style="list-style-type: none"> • No school. • No homework or take-home tests. • Avoid reading and studying. 	<ul style="list-style-type: none"> • Walking short distances to get around is okay. • No exercise of any kind. • No driving.
	<p><i>This step usually ends 3-5 days after injury.</i></p> <p><i>Progress to the next stage when your child starts to improve, but s/he may still have some symptoms.</i></p>		
Restful Home Activity	<ul style="list-style-type: none"> • Set a regular bedtime/wake up schedule. • Allow at least 8-10 hours of sleep and naps if needed. • Drink lots of fluids and eat healthy foods every 3-4 hours. • Limit "screen time" to less than 30 minutes a day. 	<ul style="list-style-type: none"> • No school. • May begin easy tasks at home (drawing, baking, cooking). • Soft music and 'books on tape' ok. • Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms he/she may go to the next step. 	<ul style="list-style-type: none"> • Light physical activity, like walking. • No strenuous physical activity or contact sports. • No driving.
	<p><i>Progress to the next stage when your child starts to improve and s/he has fewer symptoms.</i></p>		
Return to School - PARTIAL DAY	<ul style="list-style-type: none"> • Allow 8-10 hours of sleep per night. • Avoid napping. • Drink lots of fluids and eat healthy foods every 3-4 hours. • "Screen time" less than 1 hour a day. • Spend limited social time with friends outside of school. 	<ul style="list-style-type: none"> • Gradually return to school. • Start with a few hours/half-day. • Take breaks in the nurse's office or a quiet room every 2 hours or as needed. • Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym). • Use sunglasses/ earplugs as needed. Sit in front of class. • Use preprinted large font (18) class notes. • Complete necessary assignments only. • No tests or quizzes. • Limit homework time. • Multiple choice or verbal assignments better than lots of long writing. • Tutoring or help as needed. • Stop work if symptoms increase. 	<ul style="list-style-type: none"> • Light physical activity, like walking, and as instructed by physician. • No strenuous physical activity or contact sports. • No driving.
	<p><i>Progress to the next stage when your child can complete the above activities without symptoms.</i></p>		
Return to School - FULL DAY	<ul style="list-style-type: none"> • Allow 8-10 hours of sleep per night. • Avoid napping. • Drink lots of fluids and eat healthy foods every 3-4 hours. • "Screen time" less than 1 hour a day. • Spend limited social time with friends outside of school. 	<ul style="list-style-type: none"> • Progress to attending core classes for full days of school. • Add in electives when tolerated. • No more than 1 test or quiz per day. • Give extra time or untimed homework/tests. • Tutoring or help as needed. • Stop work if symptoms increase. 	<ul style="list-style-type: none"> • Light physical activity, like walking, and as instructed by physician. • No strenuous physical activity or contact sports. • No driving.
	<p><i>Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms.</i></p>		
Full Recovery	<ul style="list-style-type: none"> • Return to normal home and social activities. 	<ul style="list-style-type: none"> • Return to normal school schedule and course load. 	<ul style="list-style-type: none"> • Must complete Graduated Return to Play (RTP) Protocol before returning to strenuous physical activity or contact sports. • See CIF RTP Protocol.

Physician (MD/DO) Recommended School Accommodations Following Concussion

Patient Name: _____ Date: _____

I, _____, give permission for my physician to share the following information with my child's school and for communication to occur between the school and my physician for changes to this plan. Parent Signature: _____

Physician Name and Contact Information: _____ Physician Signature: _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date: _____

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Adjustments can be modified as the student's symptoms improve/worsen. Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Modifications	Comments/ Clarifications
Attendance	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
Breaks	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if No improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear sunglasses/hat in school; seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
School Work	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
Testing	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
Educational Plan	<input type="checkbox"/> Student is in need of an IEP and/or 504 Plan (for prolonged symptoms lasting >3 months, if interfering with academic performance)	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Walking in PE class/recess only <input type="checkbox"/> May begin return to play following the CIF Return to Play (RTP) protocol (cifstate.org)	