

Concussion Return to Participation Form

OVERVIEW

Purpose for this form: To inform the treating medical professional that the patient (student athlete) is participating in Brandon School District Athletics and must be cleared in writing by the defined medical professional. Only a Medical Doctor (M.D.), or Doctor of Osteopathy (D.O.), Physician Assistant (P.A.), or Nurse Practitioner (N.P.) can return a student athlete suffering from a concussion back to participation in athletics. In conjunction with Michigan Law (Act No. 342), National Federation of State High School Associations (NFHS) and Michigan High School Athletic Association (MHSAA), our goal is to increase safety and wellbeing for our Brandon School District student athletes suffering from concussions.

This form is not to be used for injury/illness and communicable disease return to participation. See illness/injury or communicable disease return to participation overview and instructions.

All Athletes with a concussion must complete the following steps. See Below

Two forms are required to be completed before the student athlete is able to return to full unrestricted participation. The two forms below are the ONLY forms accepted for return to participation.

1. **Concussion Return to Participation Form**- page 2 of this document
2. **MHSAA Return to Competition Form** - page 3 of this document
<http://www.mhsaa.com/portals/0/documents/health%20safety/concussionreturnform.pdf>

Progression back to activity post concussion (patient must be symptom free through all stages)

Day 1: Light exercise, short duration (example: stationary bike 5 minutes) No weight-lifting

Day 2: Running, light exercise, longer duration (example: jog 20 minutes) No helmet or equipment

Day 3: Non-contact training drills in full equipment. Weight-training can begin

Day 4: Full contact practice or training.

Day 5: Return to game full unrestricted play with physician clearance.

INSTRUCTIONS

1. Take the Concussion Return to Participation Form (page 2) and MHSAA Return to Competition Form (page 3) to your M.D., D.O., P.A., N.P., when being evaluated for a concussion.
2. The treating M.D., D.O., P.A., N.P., must complete all appropriate sections; sign or stamp, date, and include a phone number in case further questions or information is needed. The MHSAA requires that final clearance from your M.D., D.O., P.A., N.P., be unconditional, this is a requirement of the MHSAA. Brandon School district has the right to hold a Student Athlete out of play for further treatment/evaluation even if the physician clears the student-athlete to return full.
3. If the evaluating and/or treating M.D., D.O., P.A., N.P., does not clear the student athlete and requires a follow-up visit or a referral, the patient (student athlete) must complete step number 1, 2, and 4 with a new M.D., D.O., P.A., N.P.,
4. Return both completed forms to Brandon School District Athletic Trainer in person, via fax, or email:
 - Via fax: Attn: Brandon Baroni, AT, ATC – 248.627.6913 Fax bbaroni@brandon.k12.mi.us

Concussion Return to Participation Form

This form is not to be used for injury/illness and communicable disease return to participation.

COMPLETED BY PARENT/GUARDIAN

Student Athlete's Name: _____	Date of Birth: ___/___/___	Grade: _____
Sport: <u>Varsity, JV, Freshman, Middle School</u>	Date of Injury: ___/___/___	Injured Area: <u>Head or Concussion</u>
Parent Name: _____	Phone: _____	

ATHLETIC TRAINERS IMPRESSION OR COMMENT

MOI: _____
<input type="checkbox"/> LOC: _____ <input type="checkbox"/> Concussion Sxs: (currently / ended Date: _____) <input type="checkbox"/> Sxs evaluation attached
<input type="checkbox"/> ImPACT baseline tested <input type="checkbox"/> ImPACT post-concussion tested: (Results) sub baseline / return to baseline
<input type="checkbox"/> SCAT baseline: Yes / No <input type="checkbox"/> SCAT post-concussion tested: Yes / No BP:(/) O ₂ : _____% HR: _____bpm

COMPLETED BY PHYSICIAN

Diagnosis: R, L, B _____			
<u>CHECK and DATE all that apply</u>			
<input type="checkbox"/> No activity (athletics/physical education) until further notice or Date: _____			
<input type="checkbox"/> Treatments: _____			
<input type="checkbox"/> ImPACT test- patient must return to baseline and be symptom free before starting progression back to activity			
<input type="checkbox"/> Start progression back to activity when symptom free. All athletes with a Diagnosis of a Concussion <ul style="list-style-type: none">• <u>Student athlete must be symptom free during each day!</u>○ <u>Day 1</u>: Light exercise short duration (example: stationary bike 5 minutes) No weight-lifting○ <u>Day 2</u>: Running light exercise longer duration (example: jog 20 minutes) No helmet or equipment○ <u>Day 3</u>: Non-contact training drills in full equipment. Weight-training can begin○ <u>Day 4</u>: Full contact practice or training.○ <u>Day 5</u>: Return to game full unrestricted play			
<input type="checkbox"/> Return to full unrestricted participation. Date: _____ *Note-Final clearance must be unconditional*			
Reminder- MHSAA return to competition form must be completed (Page #3)			
_____ Physician's Signature	_____ Date	_____ Print Physician's Last Name	_____ Office Phone