

TAZEWELL COUNTY PUBLIC SCHOOLS
CONCUSSIONS IN STUDENT-ATHLETES

PLAYING WITH A CONCUSSION OR RETURNING TO COMPETITION TOO SOON

Athletes presenting signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to a prolonged recovery, or to severe brain swelling (second impact syndrome); with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms or injuries; concussions are no different. As a result, the education of administrators, coaches, parents and students is the key for student-athlete's safety.

A STUDENT WHO SUFFERS (OR IS SUSPECTED OF SUFFERING) A CONCUSSION

Any student-athlete suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it appears or how quickly symptoms clear. Close observation of the student-athlete should continue for several hours.

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition immediately and may not return to play until the student-athlete is evaluated by a medical doctor, trained in the evaluation and management of concussion, and given written clearance to return to play from the licensed health care provider.

Parents should also inform the student's Coach, Principal, and Athletic Director if they think their child/player may have a concussion. "When in doubt, the athlete sits out."

For current and up-to-date information on concussions go to:

<http://www.cdc.gov/ConcussioninYouthSports/>

www.nfhslearn.com

Signature of Student-Athlete Name

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is to be maintained on file at the school