

**CONCUSSION ACKNOWLEDGEMENT FORM**

*Name of Team/Participant*

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

**Prevention** – Teach and practice safe play & proper technique.

* Follow the rules of play.
* Make sure the required protective equipment is worn for all practices and games.
* Protective equipment must fit properly and be inspected on a regular basis.

**Signs and Symptoms of Concussion** – The signs and symptoms of concussion may include but are not limited to: Headache, appearing to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitivity to light or noise, feel foggy or groggy, memory loss, or confusion.

**Treatment of Concussion** - The participant shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every participant suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. The participant should limit external stimulation such as watching television, playing video games, sending text messages, using of computer, and bright lights. When all signs and symptoms of concussion have cleared, and the participant has received written clearance from a physician, the participant may begin the Return to Play protocol as determined by the physician.

**Return to Play Progression- 6 steps as per CDC guidelines**

**Step 1: Back to regular activities (such as school)**  
The athlete is back to their regular activities (such as school).

**Step 2: Light aerobic activity**  
Begin with light aerobic exercise only to increase an athlete’s heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

**Step 3: Moderate activity**  
Continue with activities to increase an athlete’s heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting (less time and/or less weight from their typical routine).

**Step 4: Heavy, non-contact activity**  
Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, and non-contact sport-specific drills (in 3 planes of movement).

**Step 5: Practice & full contact**  
Young athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

**Step 6: Competition**  
Young athlete may return to competition.

*Parent /Guardian or Head Coach Signature Date*

*Participant/Parent Signature Date*

**

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*

*Participant/Parent Signature Date*