

Conroe ISD Pre-Participation Concussion Information

During the 82nd legislative session, a new state law was passed providing for the prevention, treatment, and oversight of concussions affecting students involved in interscholastic activities. This law requires that each school district in the state create one or more Concussion Oversight Teams. The law requires that any student suspected of suffering a concussion be immediately removed from practice or competition until the student is seen by a physician or their parent/guardian's choice. The law requires that before a student may return to play the student must complete a five-day Return-to-Play Protocol. The law also requires that parents acknowledge in writing that they have received information regarding concussion prevention, symptoms, treatment and oversight, and that parents separately grant permission in writing for their child to return to full participation.

The purpose of this document is to provide you the information required by law relating to concussions. If you have any questions, please contact, CISD Athletic Director Danny Long at 936-709-7888.



A **concussion** is defined as a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a "ding", "getting your bell rung", or what seems to be a mild bump on the head can be serious and cause a concussion.

The following are signs and symptoms of a concussion:

- Headache that increases in intensity*
- Nausea and vomiting*
- Difference in pupil size from right to left eye, dilated pupils*
- Mental confusion/behavior changes, dizziness, memory loss, ringing in the ears
- Changes in gait or balance
- Blurry or double vision*
- Slurred speech*
- Noticeable changes in level of consciousness (*difficulty awakening or loss of consciousness suddenly*)*
- Seizure activity*
- Decreased or irregular pulse or respirations*

* Seek medical attention at the nearest emergency room

The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your child. If you have any question or concern about the symptoms that you are observing, contact your family physician or go to the emergency room. The following chart may be helpful in knowing what to do if your child is suspected of having suffered a concussion.

It is OK to:

- Use acetaminophen (*Tylenol*) for headaches
- Use ice pack on head & neck as needed for comfort
- Eat a light diet
- Go to sleep
- Rest (*no strenuous activity or sports*)

There is NO need to:

- Check eyes with a flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

Do NOT:

- Drink alcohol
- Drive while symptomatic
- Exercise or lift weights
- Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications

The State's protocol for managing concussions includes a multi-disciplinary approach involving licensed athletic trainer or school nurse clearance, physician referral and clearance, and successful completion of activity progressions related to your child's sport. Below is an outline of this procedure which is referred to as the "Return-to-Play Protocol".

Before your son/daughter can return to his/her sport/activity after having sustained a concussion, he/she must:

- Be evaluated by a physician chosen by you. The physician must complete the District form indicating a normal physical and neurological exam. Without this acknowledgment from your physician, your child will not be permitted to begin the Return-to-Play Protocol.
- Be monitored daily at school by the licensed athletic trainer and/or school nurse. His/her teachers may be notified of the injury and what to expect. Accommodations may be given depending on recommendations made by your physician.
- Be asymptomatic at rest and exertion at each step of the progression through the Return-to-Play Protocol.
- Complete the Return-to-Play Protocol after being cleared by his/her physician. The Protocol is a progressive step-by-step procedure that advances at the rate of one step per day. The Return-to-Play Protocol is:
 - No exertional physical activity until student-athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury.
 - **Step 1:** Light aerobic exercise with no resistance training as outlined in the UIL Implementation Guide
 - **Step 2:** Moderate aerobic exercise as outlined in the UIL Implementation Guide
 - **Step 3:** Non-contact training drills with resistance training as outlined in the UIL Implementation Guide
 - **Step 4:** Full contact practice or training drills as outlined in the UIL Implementation Guide
 - **Step 5:** Full game play as outlined in the UIL Implementation Guide after the parent has signed/completed the UIL Return-to-Play Form
- Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the previous activity level.
- Return the signed UIL Return-to-Play Form to your child's coach.

The Conroe Independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding these non-discrimination policies:

Title IX Coordinator, 3205 W. Davis, Conroe, Texas 77304; (936) 709-7700 and the Section 504/ADA Coordinator, 3205 W. Davis, Conroe, Texas 77304; (936) 709-7670.

CISD 9/11

Conroe Independent School District Pre-Participation Concussion Information Acknowledgement

My child and I have received and read the information provided by the District explaining concussion prevention, symptoms, treatment, oversight, and guidelines for safely returning to play after a concussion.

Athlete's name (print): _____

Athlete's signature _____

Parent/Guardian's name (print): _____

Parent/Guardian's signature _____

Date: _____