

Concussion Protocol (MIAA Rule 56.4)

Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the practice or competition and must not return to practice or competition that day, and further shall not return to play until cleared (in writing to the Athletic Director) by an appropriate health-care professional (as determined by the Department of Public Health). Whenever it is decided to disqualify a student-athlete from further participation for a suspected concussion or other injury, the person making that decision must communicate about this matter with the injured athlete's coach and athletic director in a timely fashion.

Student and Parent/Guardian Concussion Statement; to be completed at home, and returned by all Fall Athletes

By signing this form, I am acknowledging my awareness of Quaboag Regional Middle/High School's Concussion Protocol. I hereby state my willingness to comply with this protocol and to be honest and forthcoming if concussion symptoms are present. I have informed the school of any previous head injuries sustained by myself/my child. I have read the information provided with this form provided by the school designed to educate me regarding concussions and concussion management.

Both the parent and the /guardian and the student must check the boxes, initial and sign all necessary sections listed below.

- € I understand it is my responsibility to report all injuries and illness to a coach, medical staff, or other school personnel

- € I have read and understand the concussion protocol. I have read the included fact sheets regarding head injuries and concussions that have been included with this form.

After reviewing the fact sheet, I am aware of the following (student and parent should both initial in the space provided):

_____ A concussion is a brain injury, which I am responsible for reporting to the school.

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but might notice some to the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a friend or teammate has a concussion I am responsible for reporting the injury to a coach, medical staff or other school personnel.

_____ I will not return to play in games, practice, or physical education if I have received a blow to the head or body that results in concussion-related symptoms.

_____ Following concussion, the brain needs time to heal. You are more likely to have a repeat concussion if you return to physical activity before symptoms resolve.

Parent/Guardian signature: _____ Date: _____

Student signature: _____ Date: _____