General Information for Parents

Teach it’s not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. FWCD discourages others from pressuring injured athletes to play. Don’t let your child convince you that they’re “just fine.”

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. We don’t let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first, which is usually within a short time period (hours, days, weeks), can slow recovery or increase the chances for long-term problems.

FWCD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by either an ImPACT Certified Physician, or their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.

2. The student will be monitored daily at school by the athletic trainer and/or school nurse. The Nurse, Counselor, Division Head and Head of School will be notified of their injury and what to expect. These expectations should be relayed to the appropriate teaching faculty. Accommodations may need to be given according to physician recommendations and observations.

3. The injured student will be given an ImPACT neurocognitive test 48-96 hours after they have sustained a concussion. (All athletes in contact sports will have this assessment prior to their season to form a baseline.) FWCD utilizes the ImPACT software program for this assessment. The athlete's post-injury testing data must be within normal limits before he/she is release to activity.

4. The student must be asymptomatic at rest and exertion.

5. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined below. The progressions will advance at the rate of one step per day. The progressions are including but not limited to the items below:
   a. No activity for twenty four hours after injury & athlete is completely symptom free as determined by the FWCD Athletic Trainers Concussion Assessment Tool.
   b. Physician clearance to begin activity
   c. Light aerobic exercise with no resistance training
   d. Sport specific activity
   e. Non-contact training drills with resistance training
   f. Full contact training drills
   g. Note: Athlete progression continues as long as the 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 beginning.

6. Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician’s professional judgment it is safe for the athlete to return to play.

7. Once the student has completed steps 1 through 6, he/she may return to their sport activity with no restrictions.
The athlete named below sustained a concussion, and has now completed the required return to play protocol for the concussion. By signing this form, I understand the dangers related with returning to play too soon after a concussion. Furthermore, I certify that my son/daughter has successfully completed the FWCD return to play protocol and I give my permission for him/her to return to sport activity. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete’s Name (Print):

Athlete’s Signature:

Parent of Guardian’s Name (Print):

Parent or Guardian’s Signature:

Witness & Phone Number (Print):

Witness Signature:

Date Signed: