

JHCI-R

INFORMATION SHEET FOR PARENTS/STUDENT-ATHLETES WILTON-LYNDEBOROUGH COOPERATIVE SCHOOL DISTRICT CONCUSSION AND HEAD INJURY INFORMATION SHEET

A concussion is a brain injury caused by a blow or a motion to the head or body, which causes the brain to move rapidly inside the skull. A concussion can range from mild to severe and can disrupt the way the brain normally works. A concussion can occur during practice or games in any sport or recreational activity. You do not have to lose consciousness to have a concussion. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

You cannot see a concussion. The signs and symptoms of a concussion may appear immediately or they may not appear until days after the injury. If your child reports any symptoms of a concussion, or if you notice the symptoms or signs of a concussion, seek medical attention.

Symptoms Reported by Student Athletes	Signs Observed by Parents or Guardians
Headache	Loss of consciousness
Nausea	Appears dazed
Balance Problems or Dizziness	Confused about assignment or position
Blurred, double or fuzzy vision	Forgets an instruction
Sensitivity to light or noise	Is unsure of the game, score or opponent
Fogginess or grogginess	Clumsiness
Drowsiness or sluggishness	Answers questions slowly, slurred speech
Concentration or memory problems	Behavior or personality changes
Confusion	Can't recall events <i>prior</i> to the injury
Change in Sleep Patterns	Can't recall events <i>after</i> the injury
Depression or anxiety	Seizures or convulsions

Continuing to play with the signs/symptoms of a concussion leaves the student athlete vulnerable to greater injury. Returning to play before completely recovering from a concussion increases the likelihood of sustaining another concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery and/or increase the likelihood of long-term problems. In some cases repeat concussions can lead to swelling of the brain, brain damage, and even death. Source: Center for Disease Control and Prevention. For more information see: www.cdc.gov/Concussion

Parents and student-athletes are also encouraged to read the Board's Concussion Policy (Code JHCI), which contains important information about removal from play for suspected concussions or head injuries and return to play requirements.

A PARENT/LEGAL GUARDIAN AND STUDENT-ATHLETE MUST SIGN THIS ACKNOWLEDGMENT BEFORE THE STUDENT WILL BE ALLOWED TO PLAY IN ANY REGULAR GAME.

Parent/Legal Guardian and Student-Athlete Acknowledgment

We acknowledge

Name of Student-Athlete (printed)

Signature of Student Athlete

Date

Name of Parent/Legal Guardian (printed)

Signature of Parent/Guardian

Date

JHCI-R

**WILTON-LYNDEBOROUGH COOPERATIVE ATHLETICS
PARENTAL PERMISSION TO RETURN TO PLAY AFTER
CONCUSSION/HEAD INJURY**

I, _____, the parent/legal guardian of
_____, acknowledge that I am aware of the signs and
symptoms of a concussion. I understand that my child has received medical clearance to return
to athletic play, and I hereby give permission for my child to return to play.

Parent/Legal Guardian Signature

Date

Returning to Daily Activities after Concussion

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends. We recommend 8-9 hours / night.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit** physical activity as well as activities that require a lot of thinking or concentration (video games, texting, computer use, TV, reading) these activities can make symptoms worse. If symptoms worsen, stop and reduce that activity.
 - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
 - Thinking and concentration activities (e.g., homework, class work load, job-related activity).
4. Drink lots of fluids and eat breakfast, lunch and dinner.
5. As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, and then try again to increase your activities gradually.
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. The athletic director will manage a return to play protocol that will progress the athlete back to athletic activity in a safe manner. **Please report to the athletic director on a daily basis for assessments.**

Returning to School after Concussion

1. If you are still having symptoms of concussion, you may need extra help to perform school-related activities. As your symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your injury and symptoms. School personnel should be instructed to watch for:
 - Increased problems paying attention or concentrating
 - Increased problems remembering or learning new information
 - Longer time needed to complete tasks or assignments
 - Greater irritability, less able to cope with stress
 - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork
3. The Athletic Director will notify the administration and school nurse. If your symptoms worsen after return to school, you should report to the school nurse.
This form is part of the "Heads Up: Brain Injury in Your Practice" tool kit developed by the Centers for Disease Control and Prevention (CDC).

Return to Play: Step Progression

1. No athlete may begin the return to play protocol until they have been evaluated by a health care provider and received written medical authorization to return to play and until the athlete's parent or guardian has provided written authorization permitting the athlete to return to play. **Please provide this documentation to the Athletic Director.**
 2. No athlete may return to a sport until they have completed the RTP protocol and have been cleared by the athletic director. An additional ImPact test may be requested after step 2, 3 or 4.
 - 1 Conditioning – moderate intensity 15' on a stationary bike only
 - 2 Light running for 10-15 minutes, no sprinting or conditioning
 - 3 Non sport specific low intensity agility drills, light conditioning no more than 10 minutes.
 - 4 Sport specific non-contact drills, short sprint work and conditioning.
 - 5 Full practice after clearing post injury ImPact Test.
 - 6 Cleared * Clearance may not mean starting with a game.
- *Collision sports have one additional step between steps 4 and 5.

STATE OF NEW HAMPSHIRE

SB 402

In the Year of Our Lord Two Thousand Twelve

AN ACT relative to the adoption of policies for the management of concussion and head injury in student sports.

Be it Enacted by the Senate and House of Representatives in General Court convened:

234:1 Legislative Findings. The general court finds that:

I. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death are significant when a concussion or head injury is not properly evaluated and managed.

II. Concussions are a type of mild brain injury that can disrupt the way the brain normally works. Concussions can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions occur with or without loss of consciousness, but the vast majority occur without loss of consciousness. When managed properly, the majority of concussions resolve without direct medical intervention in 10-14 days.

III. Continuing to play with a concussion or symptoms of head injury leaves the student-athlete especially vulnerable to greater injury and even death.

234:2 New Subdivision; Health and Sanitation; Head Injury Policies for Student Sports. Amend RSA 200 by inserting after section 48 the following new subdivision:

Head Injury Policies for Student Sports

200:49 Head Injury Policies for Student Sports. Education is the key to identification and appropriate management of all concussions. The school board of each school district is encouraged to develop guidelines and other pertinent information and forms for student sports to inform and educate coaches, student-athletes, and student-athletes' parents or guardians of the nature and risk of concussion and head injury including continuing to play after concussion or head injury. On an annual basis, a school district or school is encouraged to distribute a concussion and head injury information sheet to all student-athletes.

200:50 Removal of Student-Athlete.

I. A school employee coach, official, licensed athletic trainer, or health care provider who suspects that a student-athlete has sustained a concussion or head injury in a practice or game shall remove the student-athlete from play immediately.

II. A student-athlete who has been removed from play shall not return to play on the same day or until he or she is evaluated by a health care provider and receives medical clearance and written authorization from that health care provider to return to play. The student-athlete shall also present written permission from a parent or guardian to return to play.

III. No person who authorizes a student-athlete to return to play shall be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

200:51 School Districts; Limitation of Liability. An employee of a school administrative unit, school, or chartered public school, or a school volunteer, pupil, parent, legal guardian, or employee of a company under contract to a school, school district, school administrative unit, or chartered

public school, shall be immune from civil liability for good faith conduct arising from or pertaining to the injury or death of a student-athlete provided the action or inaction was in compliance with this subdivision and local school board policies relative to the management of concussions and head injuries. This limitation of liability shall extend to school-sponsored athletic activities. A school district or school may provide concussion guidelines to other organizations sponsoring athletic activities on school property, however the school district or school shall not be required to enforce compliance with such guidelines.

200:52 Definitions. As used in this subdivision:

I. "Health care provider" means a person who is licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment and is trained in the evaluation and management of concussions.

II. "School property" means school property as defined in RSA 193-D:1, V.

III. "Student-athlete" means a student in grades 9-12 involved in student sports.

IV. "Student sports" means athletic programs for students in grades 9-12.

234:3 Effective Date. This act shall take effect 60 days after its passage.

Approved: June 18, 2012

Effective Date: August 17, 2012

CHAPTER 19
HB 180 – FINAL VERSION

6Mar2013... 0099h

13-0303
04/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to the definitions of “student athlete” and “student sports” for the management of concussion and head injury.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 19:1 Head Injury Policies for Student Sports; Definitions. Amend RSA 200:52, III-IV to read as
2 follows:

3 III. “Student-athlete” means a student *involved in any intramural sports program*
4 *conducted outside the regular teaching day or competitive student sports program between*
5 *schools* in grades ~~[9-12 involved in student sports]~~ *4-12*.

6 IV. “Student sports” means ~~[athletic programs]~~ *intramural sports programs conducted*
7 *outside the regular teaching day for students in grades 4-12 or competitive athletic*
8 *programs between schools* for students in grades ~~[9-12]~~ *4-12*.

9 19:2 Effective Date. This act shall take effect 60 days after its passage.

10 Approved: May 16, 2013

11 Effective Date: July 15, 2013