SPARTANBURG SCHOOL DISTRICT THREE CONCUSSIONS AND STUDENT ATHLETES

# Fact Sheet for Parents/Legal Guardians and Student Athletes

*Note: Parents/Legal Guardians and student athletes are required to read and sign this form. Return this form to the appropriate Team Coach or Athletic Trainer.*

# WHAT IS A CONCUSSION?

The CDC defines a concussion as, “a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells”.

# Parent/Legal Guardian’s Responsibility

If your child reports signs or symptoms of a concussion, please notify the athletic trainer and seek medical attention immediately. Below are possible signs and symptoms of a concussion:

* appears dazed, stunned or disoriented; demonstrates decreased alertness
* loses consciousness (even briefly)
* has memory/ recall difficulties
* answers questions slowly or slurs words
* shows behavior or personality changes
* has headaches or head pressure
* demonstrates balance deficits or dizziness
* experiences seizures or vomiting

**Return to Play Protocol**

IF your child is diagnosed with a concussion, they must first return to baseline then, once symptom free for at least 24 hours, complete a stepwise return to play progression protocol. The protocol must be completed under the supervision of the athletic trainer. Each step must be at least 24 hours apart. If symptoms arise, the participant may not progress to the next step and must be reevaluated by a healthcare professional. The protocol is as follows\*:

* Step 1: Low levels of physical activity (i.e. walking, light jogging, biking)
* Step 2: Moderate levels of physical activity (i.e. moderate jogging, moderate biking, etc.)
* Step 3: Heavy non-contact physical activity (i.e. sprint drills, agility drills, weightlifting, etc.)
* Step 4: Sports specific non-contact practice (i.e. individual noncontact drills)
* Step 5: Full contact in a controlled practice
* Step 6: Return to competition

Student Signature: Date:

Parent/Legal Guardian Signature: Date:

*For more information on concussion and traumatic brain injury, visit* [*www.cdc.gov/traumaticbraininjury/*](http://www.cdc.gov/traumaticbraininjury/)

*\*subject to change*