

Associated School Boards of South Dakota	NEPN Code: IGDJ-E(1)
Policy Reference Manual	

CONCUSSION AWARENESS AND PREVENTION RETURN TO COMPETITION FORM

Athlete: _____ School: _____ Grade: _____

Sport: _____ Date of Injury: _____

REASON FOR ATHLETE'S INCAPACITY

Guidelines for Returning to an Activity after a Concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms
2. Light exercises: walking or stationary cycling with no symptoms.
3. Sport specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms

Note:

1. If symptoms return at any time during the rehabilitation process, wait until asymptomatic for 1 full day, then re-start at the previous step.
2. Never return to competition with symptoms.
3. Don not use "smelling salts".
4. **When in doubt, sit them out.**

HEALTH CARE PROFESSIONAL'S ACTION

I have examined the named student-athlete following this episode and determined the following:

_____ **Permission is granted** for the athlete to return to competition

_____ **Permission is not granted** for the athlete to return to competition

Comment: _____

_____ Date: _____

Health Care Professional

_____ Date: _____

Parent/Guardian

_____ Date: _____

School Administrator

ASBSD sample exhibits are intended to be a guide for school districts. As is the case with any exhibit, a local school district's unique circumstances, challenges and opportunities need to be considered.

Notes: SDHSAA member schools may use this draft document to develop a policy or practice to evaluate student athletes prior to returning to practice or competition following a head injury.

This form is to be used after an athlete is removed from and not returned to completion after exhibiting concussion symptoms. The athlete should not be returned to play until written authorization is obtained from an appropriate health care professional and the parent/guardians. Appropriate health care professional shall be determined by each SDHSAA member school. This form should be kept on file at the school and need not be forwarded to the SDHSAA Office.

Adopted: 11/1/2010
Revised: 4/18/2012
Reviewed: 4/1/2011

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