

Sullivan West

Concussion Management

Policy

&

Procedures



July 1, 2012

Update October 12, 2012

Preface

Sullivan West Central School, in conjunction with the New York State Department of Education, the New York State Department of Health, the New York State Public High School Athletic Association and the National Federation of High School Athletics supports the appropriate and proper prevention, diagnosis, treatment, and return to play protocol (RTP) for high school student-athletes involved with mild traumatic brain injuries. (concussions)

While not all concussions can be prevented, the Sullivan West Concussion Management Team has been developed to monitor and manage all concussions as they happen and are reported. It is the Management Team, through proper and immediate reporting, that will ensure that the proper and accepted methods are used in managing concussions. For the Management Team to have the greatest positive effect on the recovery of each and every concussed student-athlete, they will need the full cooperation of the stakeholders of our student-athletes. Teammates, parents, coaches, officials, teachers, and administrators are all key stakeholders in the safe and proper management of our student-athletes.

The attached report is a comprehensive document addressing every facet of the guidelines presented by the New York State Department of Education with all supporting and relevant material from the New York State Department of Health, the New York State Public High School Athletic Association, the National Federation of High School Athletics and the Center for Disease Control. By the administration of the guidelines presented from these groups by the Sullivan West Concussion Management Team, the student-athletes of Sullivan West can be assured that they will receive the most up-to-date care and maintenance of any suspected concussions.

July 1, 2012

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I. Mild Traumatic Brain Injury (Concussion) Definition

Mild Traumatic Brain Injury or Concussions are brain injuries which are most commonly caused by a bump, blow or jolt to the head. They can also be caused by a blow to another part of the body with the force transmitted to the head, or by sudden movement of the head and neck. Concussions range from mild to severe and there does not have to be loss of consciousness to sustain a concussion. The signs and symptoms of a concussion may show up right after the injury, or may take several hours, or even days, to fully appear.

Symptoms of a Concussion may include one or more of the following:

- Headache or pressure in head
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy or groggy
- Drowsiness, fatigue or low energy
- Difficulty paying attention
- Does not “feel right” or “feeling down”
- Memory problems
- Confusion

Signs observed by teammates, parents and coaches may include:

- Dazed or stunned appearance
- Confusion about assignment or position
- Forgetting an instruction
- Unsure of game, score or opponent
- Moving clumsily
- Answering questions slowly
- Loss of consciousness
- Mood, behavior or personality changes
- No recollection of events prior to hit or fall
- No recollection of events after hit or fall

II. Concussion Management Team (CMT)

As recommended by the New York State Education Department, and as determined by the District, the following personnel have been designated as members of the Sullivan West Concussion Management Team: assistant principal, athletic director, school nurse, chief school medical officer, teacher/coach, and guidance counselor. Each member of the CMT have distinctive roles and responsibilities that are all interrelated with one another that result as one cooperative team. The CMT shall oversee the implementation of Sullivan West's Concussion Management Program.

Assistant Principal

Administrative support will help change the culture around sports concussion, monitor and maintain the systems in place to manage concussions effectively, and provide the programs necessary to return students to full activity (athletics and academics) safely.

Athletic Director

The Athletic Director will be a crucial component of good concussion management. The AD will support coach/athlete/parent training, promote a culture of awareness, ensure the teaching of safe techniques, ensure proper and well maintained equipment, monitor appropriate incident protocols, promote good officiating, and encourage effective tracking of injuries.

School Nurse

The school nurse will work in conjunction with the school faculty, counselors, and administrators, as well as the student-athlete's physician, chief school medical officer and family, to provide the best healing environment possible. In the case of a concussion, the school nurse will be able to recognize signs and symptoms, be aware of risks associated with recurrent injury, and make recommendations to student-athletes, parents, and school officials on proper care and recovery.

Chief School Medical Officer

The Chief School Medical Officer will be appropriately trained in the current knowledge about concussion and the recommended assessment tools. He or she will be working in unison with the CMT ensuring and reassuring that athletes are being returned to play only once they have completed Sullivan West's Return to Play Protocol. (RTP)

Teacher/Coach

Teachers and coaches play key roles in concussion management. They are responsible for pulling an athlete from competition or practice immediately after a concussion. Securing buy-in from the rest of the coaching staff is crucial to the success of the return to play protocol. Having a coach serve as the liaison between the CMT and the other coaching staff can help ensure that everyone is on board. The teacher is critical to student success post-concussion. The teacher(s) need to have a strong understanding of the potential cognitive, behavioral, emotional, and physical symptoms of a concussion. Sullivan West's teacher/coach will be responsible for administering the RTP.

Guidance Counselor

The guidance counselor will be the point-person that informs teachers of needed learning accommodations while the student is symptomatic. He/she will provide information needed for making decisions about return to activity or for referring the student to more formalized supports such as 504 plans or IEPs.

III. Return to Play Protocol

The following protocol has been established in accordance with the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

When an athlete shows **ANY** signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice at all that day. An On – Site Concussion Check List (page 14) will be completed by the coach.
2. The athlete should not be left alone, and regular monitoring of their condition is essential over the next few hours following the injury.
3. The athlete must stay out of school and rest for 24 to 48 hours. Younger athletes, K through 8th grade, should rest for 48 to 72 hours.
4. The athlete must be medically evaluated and released in order to start the Return To Play Protocol. (RTP)
5. Our district return to play protocol must be put into action as soon as the athlete is symptom free. From the time of injury til the time of final release, the concussed athlete will have their physical education class activity and band activities (if enrolled) altered to meet the R.T.P. requirements.

There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. The key to proper concussion management is rest until the athlete is symptom free. Then and only then the return to play protocol is put into place. The process is a 6 step process that is outlined below:

Steps to the Process (RTP):

1. No activity until asymptomatic for at least 24 hours and have been released by the School's Medical Officer. Check with Nurse in am and see what symptoms remain, if any. Only when she clears athlete, then they will start the return to play with a coach after school.
2. Light aerobic exercise with minimal movement (treadmill, stationary bike, etc.) – Check with Questionnaire and Balance test in the Gym.
3. Sport specific exercise such as running, jumping, weight training or resistance training, may be added at this step if athlete is doing well. No potential for contact at all! – Check with Memory Questions and memory game on Smart Board.
4. Non-contact training drills. (shooting a basketball, throwing and catching a baseball, etc.) – Check with BESS balance Test and Hexagonal Obstacle Test in the Gym.
5. Full contact practice, under close observation. – Talk with coach and player afterwards on practice performance and if they met expectations.
6. Return to competition, with no restrictions. Must have a final medical release by the School's Medical Officer prior to starting this step. A signed release by the parent must be done also before the athlete is allowed to come back!

**** If any symptoms recur, the athlete should drop back to the step before and progress after 24 hours rest.

**** The student should be monitored for symptoms that may recur during school related exertion. (reading, working on the computer, overhead projector, smart boards, etc.)

Repeat Concussions in one season – If an athlete should have more than one concussion in a season, the student – athlete must be cleared by a doctor who specializes in concussion management before they start the return to play protocol at our school.

Repeat Concussions in their athletic career – We suggest that after the second concussion athletes not even return to school for at least 72 hours and have a medical release before they start their return to play protocol. Each step should be carefully evaluated and an extra day should be added between each step if necessary.

Monitoring of Athletes for the Return to Play Protocol

Each morning, athletes should report to the Nurse so she can talk to them and possibly examine them. She will see how they are feeling, how they are doing at home and in school. She wants to get a feel for how the concussed athlete is progressing. If symptoms still exist, the athlete will not start the return to play protocol. Once the athlete is symptom free, she will tell them to meet a coach/teacher in the weight room after school and start the return to play protocol.

After school, the coach/teacher will question the athlete again before starting any exercise. They will monitor the athlete's pulse and observe the athlete closely at each step of the process. After they are done, they should question the athlete again on how they are feeling and try to see if they have any symptoms related to their concussion. If they are still symptom free they will move to the next step the following day. If the athlete has any symptoms in the process, he/she will back up to the step before for an additional 24 hour period. Once the athlete gets to step 5 and will return to practice, the coach/teacher will carefully watch them go through an entire practice to see and be sure that they are still symptom free. When they are satisfied with their progress, they may return to play.

IV. Concussion Awareness

Concussion awareness is a key component in the effective diagnosis, treatment, and successful rehabilitation of student – athletes that have suffered a concussion. Awareness at Sullivan West is addressed at each necessary level in order to accomplish a consistent and smooth transition from every stage involved in a full recovery.

PreConcussion Stage

Sullivan West Central School, in accordance with the New York State Department of Education, provides as much concussion awareness material to the general public, parents/guardians and athletes as available. Sullivan West's Concussion Management Awareness information is not only part of the Sullivan West Extracurricular Policy (excerpt on page 12) but is also published on the Sullivan West Athletics website. While the website is available to the general public, the Extracurricular Policy document is required from all students – athletes and their parent/guardians in order for a pupil's participation in sports. Prior to parent/guardians and student – athletes signing this document, coaches are required to review the contents, including all concussion awareness material, with their team.

Discovery Stage

The first awareness of a concussion is when it occurs. Typically, in school related concussions, the coach is the first to be involved. Coaches of all sports will carry with them at all times the NYSPHSAA *Sideline Management of Acute Head Injury* cards. (page 13) This awareness card was designed to assist coaches in properly diagnosing and directing athletes and their parent/guardians for additional care. As will be noted in the next section, coaches will also be receiving additional awareness training on a biennial basis in order to maintain their coaching certification.

Management Stage

Once a concussion has been diagnosed, awareness at this level becomes broad, yet detailed. The parent/guardian of the concussed student – athlete will receive from the coach a *Parental Awareness Data Sheet*. (page 15 – 16) The *Parental Awareness Data Sheet* provides information of what to be aware of when one first becomes concussed. It describes the signs, symptoms and

precautions. Additional information includes Sullivan West's required steps to be readmitted to school and the athletic program. (RTP) As approved by the Sullivan West Board of Education, these steps are required of all concussed student – athletes.

VI. Education and Training Requirements

“Each school coach, physical education teacher, and nurse who works with and/or provides instruction to pupils engaged in school sponsored athletic activities, shall complete, on a biennial basis, a course of instruction relating to recognizing the symptoms of mild traumatic brain injuries and monitoring and seeking proper medical treatment for pupils who suffer mild traumatic brain injuries.” This regulation adopted by the Commissioner of Education of the State of New York now requires all those involved with athletics to be properly trained in concussion management. Currently, all Sullivan West coaches are required to complete the on-line course, *Concussion in Sports - What You Need to Know*, sponsored by the National Federation of High School Sports. One of the largest pieces of the Commissioners' Regulations is that of awareness. As mentioned under the previous section regarding awareness, Sullivan West's goal is to make the entire community aware of concussions and their proper treatment and management.

Parents and legal guardians are encouraged to visit the New York State Department of Health's website for further information regarding mild traumatic brain injuries or the New York State Education Department.

http://www.health.ny.gov/prevention/injury_prevention/concussion.htm or
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ConcussionManageGuidelines.pdf> or
<http://www.cdc.gov/concussion/sports/>

Appendix

POLICY	2011 7515 Students
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SUBJECT: CONCUSSION MANAGEMENT

The Board of Education of the Sullivan West Central School District recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activity and can have serious consequences if not managed carefully. Therefore, The District adopts the following policy to support the proper evaluation and management of head injuries.

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and over exertion until fully recovered are the cornerstones of proper concussion management.

While the district staff will exercise reasonable care to protect students, head injuries may still occur. Physical education teachers, coaches, nurses and other appropriate staff will receive training to recognize the signs, symptoms and behaviors consistent with a concussion. Any student exhibiting those signs, symptoms or behaviors while participating in a school sponsored class, extracurricular activity, or interscholastic athletic activity shall be removed from the game or activity and be evaluated as soon as possible by an appropriate health care professional. The school nurse, coach or event chaperone will notify the student's parents or guardians and recommend appropriate monitoring of the injured student.

If a student sustains a concussion at a time when engaged in a school sponsored activity, the district expects the parent/legal guardian to report the condition to the school nurse or sport coach so that the district can support the appropriate management of the condition.

The student shall not return to school or activity until authorized to do so by an appropriate health care professional. The school's chief medical officer will make the final decision on return to activity including physical education class and after school sports. Any student who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by their health care provider.

The superintendent, in consultation with appropriate district staff, including the chief school medical officer, will develop regulations and protocols to guide the return to activity

Adoption Date: June 23, 2011

11A. Concussion Management

A concussion is a type of traumatic brain injury. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from “mild,” i.e., a brief change in mental status or consciousness to “severe,” i.e., an extended period of unconsciousness or amnesia after the injury. The majority of TBIs that occur each year are concussions or other forms of mild TBI. Concussions are not only caused by a bump, blow, or jolt to the head that can change the way your brain normally works, but also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth.

Symptoms can vary from person to person, but in general, can effect four distinct areas; thinking and/or remembering, physical, emotional and/or mood, and sleep. While many of these symptoms can appear right away, some may not appear until hours, days, or weeks later.

Symptoms prevalent with thinking and/or remembering can range from difficulty thinking clearly, feeling slowed down, difficulty concentrating, and difficulty remembering new information..

Physical symptoms can range from headache, fuzzy or blurry vision, nausea or vomiting, dizziness, sensitivity to noise or light, balance problems, and feeling tired and having no energy.

Emotional and or mood symptoms can include irritability, sadness, more emotional, and nervousness and anxiety.

Effects on sleep can include sleeping more than usual, sleeping less than usual or just having trouble falling asleep.

Sullivan West is very serious about the health and safety of their entire student - athletes. Therefore, once an athlete is *believed* to have received a concussion, whether involved in a school activity or not, the following guidelines will be followed:

- 1 The athlete will not be allowed to return to play in the current game or practice at all that day. An On – Site Concussion Check List (page 14) will be completed by the coach.
- 2 The athlete should not be left alone, and regular monitoring of their condition is essential over the next few hours following the injury.
- 3 The athlete must stay out of school and rest for 24 to 48 hours. Younger athletes, K through 8th grade, should rest for 48 to 72 hours.
- 4 The athlete must be medically evaluated and released in order to start the Return To Play Protocol. (RTP)
- 5 Our district return to play protocol must be put into action as soon as the athlete is symptom free. From the time of injury til the time of final release, the concussed athlete will have their physical education class activity and band activities (if enrolled) altered to meet the R.T.P. requirements.

Parents and legal guardians are encouraged to visit the New York State Department of Health’s website for further information regarding mild traumatic brain injuries or the New York State Education Department.

http://www.health.ny.gov/prevention/injury_prevention/concussion.htm or
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ConcussionManageGuidelines.pdf> or
<http://www.cdc.gov/concussion/sports/>

SIDELINE MANAGEMENT OF ACUTE HEAD INJURY

1. Did a head injury take place? Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness (LOC), assume a concussion has occurred if the head was hit.
2. Does the athlete need immediate referral for emergency care? If confusion, unusual behavior or responsiveness, deteriorating condition, LOC, or concern about neck and spine injury exist, the athlete should be referred at once for emergency care.
3. If no emergency is apparent, how should the athlete be monitored? Every 5-10 minutes mental status, attention, balance, behavior, speech and memory should be examined until stable over a few hours.
4. No athlete demonstrating symptoms of concussion should return to practice or play (RTP) the day of injury. RTP should be on a following day after appropriate neurological testing and the school physician's clearance.
5. Close observation of athlete should continue for a few hours. Parents or guardians of the athlete should be made aware of proper protocol, symptoms to watch for - contact medical personnel if concerned.
6. After medical clearance, RTP should follow a stepwise protocol with provisions for delayed RTP based on return of any signs or symptoms.

MEDICAL CLEARANCE RTP PROTOCOL

1. No exertional activity until asymptomatic.
2. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
3. Initiate aerobic activity fundamental to specific sport such as skating, running, etc.
4. Begin non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.
5. Then full contact in practice setting.
6. If athlete remains without symptoms, he or she may return to play.
 - a. Athlete must remain asymptomatic to progress to the next level.
 - b. If symptoms return, the athlete must return to the previous level.
 - c. Medical check should occur before contact.



GUIDELINES FOR MANAGEMENT OF HEAD TRAUMA IN SPORTS

Even A Minor Concussion Without Loss of Consciousness Can Have Devastating Results

Head trauma is a common problem in sports and has the potential for serious complications if not managed correctly. Use these guidelines as a protocol, but not in place of, the central role physicians and certified trainers must play.

1. PROBLEMS IN BRAIN FUNCTION:

- a. Confused state - Dazed look, vacant stare, confusion about what happened or is happening.
- b. Memory problems - Can't remember assignment on play, opponent, score of game, or period of the game. Can't remember how or with whom he or she traveled to the game, what he or she was wearing, what was eaten for breakfast, etc.
- c. Symptoms reported by athlete - Headache, nausea or vomiting, blurred or double vision, oversensitivity to sound, light or touch, ringing in ears, feeling foggy or groggy.
- d. Lack of Sustained Attention - Difficulty sustaining focus adequately to complete a task or a coherent thought or conversation.

2. SPEED OF BRAIN FUNCTION: Slow response to questions, slow slurred speech, incoherent speech, slow body movements, slow reaction time.

3. UNUSUAL BEHAVIORS: Behaving in a combative, aggressive or very silly manner, or just atypical for the individual. Repeatedly asking the same question over and over. Restless and irritable behavior with constant motion and attempts to return to play or leave. Reactions that seem out of proportion and inappropriate. Changing position frequently and having trouble resting or finding a comfortable position. These can be manifestations of post-head trauma difficulties.

4. PROBLEMS WITH BALANCE AND COORDINATION: Dizzy, slow, clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

reference: www.nfhs.org - sports medicine -
information on concussion - pdf



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ON – SITE CONCUSSION CHECK LIST

Name: _____ Age: _____ Grade: _____

Sport: _____ Date of Injury: _____ Time of Injury: _____

On Site Evaluation

Description of Injury: _____

Has the athlete ever had a concussion?	Yes	No	Unclear
Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

Symptoms observed at time of injury:

Dizziness	Yes	No	Headache	Yes	No
Ring in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare/			Sensitivity to Noise	Yes	No
Glassy Eyed	Yes	No			

* Please circle yes or no for each symptom listed above.

Other Findings/Comments: _____

Final Action Taken: Parents Notified _____ Sent to Hospital _____

Parent/Guardian Signature: _____

Evaluator’s Signature: _____ Date: _____

Title: _____ Phone Number: _____



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Concussion Parental Awareness Data Sheet

Dear Parent/Guardian,

Your son/daughter has been believed to have received a concussion. It is imperative that all precautions and procedures established by the Sullivan West Concussion Management Team are followed to reassure the safe return of your son or daughter to return to practice and competition. The following information is what is expected and required for your son or daughter to be readmitted to athletics.

What does it mean to have been *believed* to have received a concussion?

First, a concussion is a brain injury which is most commonly caused by a bump, blow or jolt to the head. It can also be caused by a blow to another part of the body with the force transmitted to the head, or by sudden movement of the head and neck. Concussions range from mild to severe and there does not have to be loss of consciousness to sustain a concussion. The signs and symptoms of a concussion may show up right after the injury, or may take several hours, or even days, to fully appear.

Your son or daughter is *believed* to have sustained a concussion because they did receive one or more of the causes above while participating and has now exhibited one or more of the typical signs of a concussion. Typical signs of a concussion are: Headache or pressure in head, nausea or vomiting, neck pain, balance problems or dizziness, blurred, double or fuzzy vision, sensitivity to light or noise, feeling sluggish, hazy, foggy or groggy, drowsiness, fatigue or low energy, difficulty paying attention, does not “feel right” or “feeling down”, memory problems, confusion, dazed or stunned appearance, confusion about assignment or position, forgetting an instruction, unsure of game, score or opponent, moving clumsily, answering questions slowly, loss of consciousness, mood, behavior or personality changes, no recollection of events prior to hit or fall, or no recollection of events after hit or fall. Because your son or daughter was believed to have received a concussion, they were immediately removed from play and will be referred to our Concussion Management Team and will be processed through Sullivan West’s Return to Play Protocol. (RTP)

What are the steps required for my son/daughter to return to sports?

- 1 The athlete will not be allowed to return to play in the current game or practice at all that day. An On – Site Concussion Check List (page 14) will be completed by the coach.

- 2 The athlete should not be left alone, and regular monitoring of their condition is essential over the next few hours following the injury.
- 3 The athlete must stay out of school and rest for 24 to 48 hours. Younger athletes, K through 8th grade, should rest for 48 to 72 hours.
- 4 On the athlete's return to school, they must immediately report to the school nurse each morning to be evaluated for their possible placement into the Return to Play Protocol. Once eligible, the school nurse will instruct the athlete on their next step.
- 5 The athlete must be medically evaluated and released in order to start the Return To Play Protocol (RTP) and once again prior to Step 5 of the RTP.
- 6 Our district return to play protocol must be put into action as soon as the athlete is symptom free. From the time of injury til the time of final release, the concussed athlete will have their physical education class activity and band activities (if enrolled) altered to meet the R.T.P. requirements.

Parents and legal guardians are encouraged to visit the New York State Department of Health's website for further information regarding mild traumatic brain injuries or the New York State Education Department:

http://www.health.ny.gov/prevention/injury_prevention/concussion.htm or
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ConcussionManageGuidelines.pdf> or
<http://www.cdc.gov/concussion/sports/>



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Post – Concussion Release Form

I have read and understood that my son/daughter _____ received a concussion while participating in sports. I also understand that even though my son or daughter has completed Sullivan West Central School's Return To Play Protocol (RTP) and has been medically released from the Chief School Medical Officer; my son/daughter is and still will be susceptible to future concussions. I also agree that if my son or daughter should receive another concussion within the same season, my son or daughter must be cleared by a physician who specializes in concussion management before they can start the RTP at Sullivan West.

 Parent/Guardian Signature

 Date

3/4/2013