Concussion Management

Mr. John Langton, Superintendent
Addison School District 4
2016-17
What Is a Concussion?

A concussion is 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, stretching and damaging the brain cells and creating chemical changes in the brain.

Concussions Are Serious

Medical providers may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious.

Concussion Signs and Symptoms

Children and teens who show or report one or more of the signs and symptoms listed below, or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.

Concussion Signs Observed:

- Can’t recall events prior to or after a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.

Concussion Signs Reported:

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
• Confusion, or concentration or memory problems.
• Just not "feeling right," or "feeling down".

Signs and symptoms generally show up soon after the injury. However, one may not know how serious the injury is at first and some symptoms may not show up for hours or days. For example, in the first few minutes a child or teen might be a little confused or a bit dazed, but an hour later the child might not be able to remember how he or she got hurt.

An adult should continue to check for signs of concussion right after the injury and a few days after the injury. If a child or teen’s concussion signs or symptoms get worse, the parent/guardian should take him or her to the emergency department right away.
Addison School District 4
Concussion Management Protocol

PRE-SEASON
⇒ Coach/Teacher Education
⇒ Parent/Student Education
   IT Athletic Code of Conduct/Parent Permission
⇒ Concussion Protocol Training

Head Trauma or Possible Concussion

Immediately Following Trauma
⇒ Begin Concussion Protocol
⇒ Assess Student/Athlete
⇒ Notify Parents
⇒ Call 911, if Loss of Consciousness occurs
⇒ Notify District Office, Building Principal, District Nurses

Not Cleared
⇒ Physician Care
⇒ No Physical Activity

Concussion Management
⇒ Managed by Physician
⇒ Managed by Family

Cleared
⇒ Return to School (Gradual)
⇒ Return to Play (Gradual)
⇒ Monitor Athlete

Adapted from Sports Concussion Institute
CONCUSSION Information Sheet

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children’s or teens’ games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?
A concussion is 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 quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?
Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children’s or teens’ chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach’s rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?
Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens
- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren’t serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it’s better to miss one game than the whole season.

To learn more, go to www.cdc.gov/HEADSUP
Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?
In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?
As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child’s or teen’s health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child’s or teen’s school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child’s or teen’s return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

To learn more, go to www.cdc.gov/HEADSUP
You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

- [ ] I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.
  Athlete Name Printed: ______________________________ Date:____________________
  Athlete Signature: ___________________________________________

- [ ] I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.
  Parent or Legal Guardian Name Printed: __________________________ Date:____________________
  Parent or Legal Guardian Signature: ________________________________
Hoja informativa sobre la CONMOCIÓN CEREBRAL

Esta hoja contiene información que ayuda a proteger a sus hijos o adolescentes de una conmoción cerebral u otra lesión cerebral grave. Use esta información en los juegos y las prácticas de sus hijos o adolescentes para aprender a identificar una conmoción cerebral y saber qué hacer en caso de que ocurra.

¿Qué es una conmoción cerebral?
Una conmoción cerebral es un tipo de lesión cerebral traumática o TBI (por sus siglas en inglés) causada por un golpe, impacto o sacudida en la cabeza o por un golpe en el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Este movimiento rápido puede hacer que el cerebro rebote o gire dentro del cráneo y provoque cambios químicos en el cerebro, y a veces hace que las células cerebrales se estiren y se dañen.

¿Cómo puedo mantener a mis hijos o adolescentes seguros?
Los deportes son una buena manera para que los niños y adolescentes se mantengan saludables y los ayudan a que les vaya bien en la escuela. Para reducir las probabilidades de que sus hijos o adolescentes sufran una conmoción cerebral u otra lesión cerebral grave, usted debe:

- Ayudar a crear una cultura de seguridad para el equipo.
  - Junto con el entrenador enseñe maneras de disminuir las probabilidades de sufrir una conmoción cerebral.
  - Hable con sus hijos o adolescentes sobre las conmociones cerebrales y pregúntenles si les preocupa tener que notificar una conmoción cerebral. Hable sobre las preocupaciones que tengan y déjales saber que es la responsabilidad de ellos, y que está bien, notificar una conmoción cerebral y tomarse el tiempo necesario para recuperarse.
- Asegúrese de que sigan las reglas de seguridad del entrenador y las reglas del deporte.
  - Explíquele a sus hijos o adolescentes que espera que mantengan el espíritu deportivo en todo momento.
  - Enseñarles que deben usar un casco para disminuir la probabilidad de sufrir los tipos de lesiones cerebrales o de la cabeza más graves, si es adecuado para el deporte o la actividad que practiquen. Sin embargo, no existe un casco que sea a prueba de conmociones cerebrales, por lo tanto, hasta con un casco es importante que los niños y adolescentes eviten los golpes en la cabeza.

Planifique. ¿Qué le gustaría que su hijo o adolescente supiera sobre las conmociones cerebrales?

¿Cómo puedo indentificiar una posible conmoción cerebral?
Los niños y adolescentes que muestran o notifican uno o más signos y síntomas enumerados a continuación, o simplemente dicen que no se "sienten del todo bien" después de un golpe, impacto o sacudida en la cabeza o el cuerpo, podrían tener una conmoción cerebral u otra lesión cerebral grave.

Signos observados por padres o entrenadores
- Parece estar aturdido o desorientado.
- Se olvida de una instrucción, está confundido sobre su deber o posición, o no está seguro del juego, puntaje o de quién es su oponente.
- Se mueve con torpeza.
- Responde a las preguntas con lentitud.
- Pierde el conocimiento (aunque sea por poco tiempo).
- Muestra cambios de ánimo, comportamiento o personalidad.
- No puede recordar eventos antes o después de un golpe o una caída.

Síntomas reportados por niños y adolescentes
- Dolor de cabeza o "presión" en la cabeza.
- Náuseas o vómitos.
- Problemas de equilibrio o mareo, o visión borrosa o doble.
- Sensibilidad a la luz o al ruido.
- Se siente débil, desorientado, aturdido o gregui.
- Confusión o problemas de concentración o memoria.
- No se siente "del todo bien" o no tiene "ganas de hacer nada".

Hable con sus hijos y adolescentes sobre las conmociones cerebrales. Pidales que notifiquen los síntomas de conmoción cerebral de inmediato tanto a usted como al entrenador. Algunos niños y adolescentes piensan que las conmociones cerebrales no son graves, mientras que a otros les preocupa perder su puesto en el equipo o ser vistos como débiles si notifican una conmoción cerebral. Asegúrese de recordarles que es mejor perder un juego que toda la temporada.

Las conmociones cerebrales afectan a cada niño y adolescente de manera diferente. Aunque la mayoría de los niños y adolescentes se sienten mejor a las pocas semanas, algunos tendrán síntomas por meses o aún más. Hable con el proveedor de atención médica de sus hijos o adolescentes si los síntomas de conmoción cerebral no desaparecen o empeoran después de que regresan a sus actividades normales.

¿Cuáles son algunos signos de peligro más graves a los que debo prestar atención?

En raras ocasiones, después de un golpe, impacto o sacudida en la cabeza o en el cuerpo puede acumularse sangre (hematoma) de forma peligrosa en el cerebro y ejercer presión contra el cráneo. Llame al 9-1-1 o lleve a su hijo o adolescente a la sala de urgencias de inmediato si después de un golpe, impacto o sacudida en la cabeza o el cuerpo, presenta uno o más de estos signos de riesgo:

- Una pupila más grande que la otra.
- Mareo o no puede despertarse.
- Dolor de cabeza persistente y que ademas empeora.
- Dificultad de dicción, debilidad, entumecimiento o menor coordinación.
- Náuseas o vómitos, convulsiones o ataques (temblores o espasmos) periódicos.
- Comportamiento inusual, mayor confusión, inquietud o nerviosismo.
- Pérdida del conocimiento (desmayo o inconsciente). Incluso una breve pérdida del conocimiento debe considerarse como algo serio.

¿Qué debo hacer si creo que mi hijo o adolescente ha sufrido una conmoción cerebral?

Como padre, si usted cree que su hijo o adolescente puede tener una conmoción cerebral, usted debe:

1. Retirarlo del juego.
2. No permitir que su hijo o adolescente regrese a jugar el día de la lesión. Su hijo o adolescente debe ver a un proveedor de atención médica y solo podrá regresar a jugar con el permiso de un profesional médico con experiencia en la evaluación de conmociones cerebrales.
3. Pedirle al proveedor de atención médica de su hijo o adolescente que le dé instrucciones por escrito sobre cómo ayudarlo a que regrese a la escuela. Usted puede darle indicaciones a la enfermera de la escuela y a los maestros e instrucciones al instructor o entrenador deportivo sobre cómo su hijo o adolescente puede regresar al juego.

Trate de no juzgar la gravedad de la lesión. Solo un proveedor de atención médica debe evaluar a un niño o adolescente de una posible conmoción cerebral. Los signos y síntomas de las conmociones cerebrales por lo general aparecen al poco tiempo de que ocurra la lesión. Sin embargo, al principio no sabrá qué tan grave es la conmoción cerebral y es posible que algunos síntomas no aparezcan por varias horas o días.

Después de una conmoción cerebral, el cerebro necesita tiempo para curarse. El regreso de un niño o adolescente a la escuela y a los deportes debe ser un proceso gradual dirigido y monitorizado cuidadosamente por un proveedor de atención médica.


Revisado en junio de 2015

Converse con su hijo o adolescente sobre los riesgos de una conmoción cerebral y otras lesiones cerebrales graves y haga que cada persona firme lo siguiente.

Separe la sección de abajo y mantenga esta hoja informativa para usarla en los juegos y las prácticas de sus hijos o adolescentes con el fin de protegerlos de las conmociones cerebrales u otras lesiones cerebrales graves.

- **Aprendí sobre las conmociones cerebrales y hablé con uno de mis padres o mi entrenador sobre lo que debo hacer si sufro una conmoción cerebral u otra lesión cerebral grave.**
  
  Nombre del atleta: ___________________________  Fecha: ___________________________
  
  Firma del atleta: ___________________________  

- **He leído esta hoja informativa para padres sobre conmoción cerebral con mi hijo o adolescente y hablamos sobre lo que debe hacer si tiene una conmoción cerebral u otra lesión cerebral grave.**
  
  Nombre del padre o tutor legal: ___________________________  Fecha: ___________________________
  
  Firma del padre o tutor legal: ___________________________
CONCUSSION ASSESSMENT TOOL

BACKGROUND:

Name: ___________________________ Date: ________________

Examiner: ________________________ Title: _______________________

Sport/School: ____________________ Date/Time of Injury: ________________

Age: ___________ Gender: ___________ Dominant Hand: ______________

How many concussions have you had in the past? ________________

When was the most recent concussion? _________________________

Have you ever been hospitalized or had medical imaging for a head injury? ________________

Have you ever been diagnosed with headaches or migraines? ________________

Do you have a learning disability or ADD/ADHD? ________________

Are you on any medications? ________________

POTENTIAL SIGNS OF CONCUSSION:

If any of the following signs are observed after a direct or indirect blow to the head, the athlete/student should stop participation, be evaluated by a medical professional and should not be permitted to return to the activity the same day if a concussion is suspected.

Loss of consciousness? ________________ How long? ________________

Balance or motor incoordination (stumbles, slow/labored movements, etc.? ________________

Disorientation or confusion (inability to respond appropriately questions? ________________

Loss of Memory? ________________ If so how long? ________________ Before/After Injury? ________________

Blank or vacant look? ________________ Visible facial injury? ________________

COGNITIVE & PHYSICAL EVALUATION:

Orientation (1 point for each correct answer):

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
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</tr>
</thead>
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<tr>
<td>What month is it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the date today?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the day of the week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What year is it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What time is it right now?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

IMMEDIATE MEMORY SCORE TOTAL: OF 5
<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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</thead>
<tbody>
<tr>
<td>Headache/pressure in head</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitive to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feel like “in a fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Don’t feel “right”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentration</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(Modified from SCAT3 – Sport Concussion Assessment Tool – 3rd Edition)

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# ACUTE CONCUSSION EVALUATION

**Date of Injury** ________________  **Time of Injury** ________________

**Student Name** ________________  **DOB** ________________  **Age** ________________

**School** ________________  **Grade** ________________

**Injury Description**

---

**Reporter:** ________________  **Title:**

Did student lose consciousness? [ ] If yes, for how long? ________________  Were seizures seen? [ ]

Is there evidence of a forcible blow to the head? [ ]  **Explain**

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>COGNITIVE</th>
<th>SLEEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Feeling mentally foggy</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Nausea</td>
<td>Feeling slowed down</td>
<td>Sleeping less than usual</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Difficulty concentrating</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Balance problems</td>
<td></td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>Dizziness</td>
<td>EMOTIONAL</td>
<td>Do symptoms worsen with:</td>
</tr>
<tr>
<td>Visual Problems</td>
<td>Irritability</td>
<td>Physical activity?</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Sadness</td>
<td>Cognitive activity?</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>More emotional</td>
<td></td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>Nervousness</td>
<td></td>
</tr>
<tr>
<td>Numbness/Tingling</td>
<td></td>
<td>Explain:</td>
</tr>
</tbody>
</table>

Has student had previous concussions? [ ]  If yes, how many? ________________  When ________________

Does student have a history of headaches? [ ]  **Explain:**

Does student have a history of a learning disability, attention disorder, or other developmental disorder? ________________  **Explain:**

---

**CLINICIAN STATEMENT:**

No follow-up needed

Physician/Clinician Office Monitoring: Date of next follow-up: ________________

Referral to: ________________

Student may return to learning on ________________,  Student may return to sports on ________________,

List Restrictions:

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Clinician Name: ________________  **Title:** ________________  **Phone number:** ________________

Clinician Signature: ________________  **Date:** ________________

---

**PARENT/GUARDIAN STATEMENT:**

I have spoken with the Clinician listed above, and I agree with the recommendations as listed above. I understand that I need to monitor my child for symptoms related to concussion syndrome as I have previously received. I agree to report these symptoms to the coach and school nurse. I further agree to seek medical attention for my child.

Parent Signature: ________________  **Date:** ________________

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Indian Trail Junior High

222 N. Kennedy Drive • Addison, IL 60101 • Phone: 630-458-2600 • Fax: 630-628-2841
Returning to School

Most kids and teens will only need help through informal, academic adjustments as they recover from a concussion. However for kids and teens with ongoing symptoms, a variety of formal support services may be available to help them during their recovery. These support services may vary widely among states and school districts. The type of support will differ based on the needs of each student. Some of these support services may include:

- Response to Intervention Protocol (RTI)
- 504 Plan
- Individualized Education Plan (IEP)

The child or teen may feel frustrated, sad, and even angry because she or he cannot return to school right away, keep up with schoolwork, or hang out as much with their friends. Talk often with the child or teen about this and offer support and encouragement.

The Graduated Return to School Protocol should be followed for each child who experiences a concussion. A fact sheet has also been provided for school personnel.
**Symptom-Free means NO lingering Headaches, Sensitivity to Light/Noise, Fogginess, Drowsiness, etc**

Returning to School After a Concussion: A Fact Sheet for School Professionals

What role do I play in helping a student return to school after a concussion?

Each year hundreds of thousands of K-12 students sustain a concussion as a result of a fall, motor-vehicle crash, collision on the playground or sports field, or other activity. Most will recover quickly and fully. However, school professionals, like you, will often be challenged with helping return a student to school who may still be experiencing concussion symptoms—symptoms that can result in learning problems and poor academic performance.

Knowledge of a concussion’s potential effects on a student, and appropriate management of the return-to-school process, is critical for helping students recover from a concussion.

That’s where you come in. This fact sheet provides steps that school professionals can take to help facilitate a student’s return to school and recovery after a concussion. It emphasizes the importance of a collaborative approach by a team that includes not only school professionals, but also the student’s family and the health care professional(s) managing the medical aspects of the student’s recovery.
How can a concussion affect learning?

The effects of concussion on a student's return-to-school experience are unique to each student. In most cases, a concussion will not significantly limit a student's participation in school; however, in some cases, a concussion can affect multiple aspects of a student's ability to participate, learn, and perform well in school. In turn, the experience of learning and engaging in academic activities that require concentration can actually cause a student's concussion symptoms to reappear or worsen. Given this inter-relationship, and the way concussion effects can vary across students, academic adjustments need to be tailored to each student's specific circumstances.

What to Look for After a Concussion

When students return to school after a concussion, school professionals should watch for:

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or shifting between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Less ability to cope with stress
- More emotional than usual
- Fatigue
- Difficulties handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, nausea, dizziness)

When is a student ready to return to school after a concussion?

A student with a concussion should be seen by a health care professional experienced in evaluating for concussion. A health care professional can make decisions about a student's readiness to return to school based on the number, type and severity of symptoms experienced by the student. The health care professional should also offer guidance about when it is safe for a student to return to school and appropriate levels of cognitive and physical activity. Once a health care professional has given permission for the student to return to the classroom, school professionals can help monitor him/her closely. With proper permission, school professionals can confer on their observations and share those observations with the family and other professionals involved in the student's recovery.
Who should be included as part of the team supporting the student?

Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach. The team should include:

- **The student:** The affected student should be “in the loop,” and encouraged to share his/her thoughts about how things are going, and symptoms he or she is experiencing. The student should receive feedback from the rest of the team that is appropriate to his/her age, level of understanding, and emotional status.

- **Parents/Guardians:** Parents and guardians need to understand what a concussion is, that medical attention is required, that most students will get better, the potential effects on school learning and performance, and the importance of following guidance from their student’s health care provider in order to ensure the most rapid and complete recovery possible.

- **Other caregivers (i.e., sports coaches, after-school or day care providers):** People who care for or are responsible for a student after school hours can play an important role in monitoring participation in after-school activities and observing any changes in symptoms.

- **Physician and/or other health care professional:** Health care professionals involved in the student’s diagnosis and recovery should provide an individualized plan for a student returning to school to help manage cognitive and physical exertion following a concussion. As a student recovers, health care professionals can help guide the gradual removal of academic adjustments or supports that may be instituted as part of the recovery process.

- **School nurse:** Periodic monitoring of the student’s symptoms by the school nurse should continue as long as symptoms are present. The school nurse is also a resource for other school professionals who may have questions about their own observations and may also be an important liaison to parents or concussion experts within the community.
With proper permission, members of the school team should meet together on a regular basis to:

- Share observations and any new information obtained from the family or health care professional.
- Work with the family to develop an appropriate program and timeline to meet the student’s needs and explain as necessary the reasons for the resulting plan.
- Continually reassess the student for symptoms and progress in healing. This information can help the team to make adjustments to the plan.

- **All teachers interacting with the student (including the physical education teacher):** Teachers can often help observe changes in a student, including symptoms that may be worsening. Teachers are also in a position to interact regularly with the student’s parents, thereby providing a channel to obtain and share information with them about the student’s progress and challenges.

- **School psychologist and/or school counselor:** School psychologists and/or school counselors can often help with identifying services and resources to help the student and parents or guardians and facilitate getting those services and resources for them, including a 504 Plan or IEP. School psychologists can also help assess a student’s current functioning and his/her academic needs for full recovery.

- **Speech language pathologists:** Speech-language pathologists can help monitor or identify students with a concussion who are having trouble in the classroom, as well as changes in how a student is communicating or interacting with others. Speech-language pathology services may include testing, providing classroom strategies or modifications, and direct services to a student.

- **School principal or other school administrator:** The school principal or administrator should appoint the internal members of the team as well as a “case manager” to ensure adequate communication and coordination within the team. The administrator will also be responsible for approving any adjustments to the student’s schedule and communicating policies on responding to students who have had a concussion (e.g., return to play policy).

If the student is an athlete, either inside or outside of school, the team should also include coaches and other athletic department staff (e.g., certified athletic trainer). Remember, a student with a concussion should NEVER return to sports, PE class, or other physical activity until a health care professional with experience in evaluating for concussion says the student is no longer experiencing symptoms and it is OK to return to play. Comprehensive information and training modules for athletic coaches and health care professionals are available from the **Heads Up** initiatives at [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).
It is important to identify someone on this team who will function as a case manager, such as a school nurse, school psychologist, school counselor, speech pathologist, teacher or other identified school professional. This person will have the role of advocating for the student’s needs and serve as the primary point of contact with the student, family, and all members of the team. A flexible set of materials to assist case managers and school professionals is available from the Heads Up to Schools: Know Your Concussion ABCs initiative at www.cdc.gov/concussion.

How can understanding concussion symptoms help with identifying a student’s individual needs?

A school professional can best support a student’s return to school and recovery by understanding possible concussion effects and providing the student with needed accommodations and support. Understanding concussion symptoms can help the student and members of the team identify individual needs of the student, monitor changes, and with proper permission, take action when necessary. This will help facilitate a full recovery and discourage students from minimizing the symptoms due to embarrassment, shame, or pressure to return to activities.

**SIGNS AND SYMPTOMS OF A CONCUSSION**

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<thead>
<tr>
<th>SIGNS OBSERVED BY PARENTS OR GUARDIANS</th>
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<tr>
<td>• Appears dazed or stunned</td>
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<td>• Is confused about events</td>
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<td>• Answers questions slowly</td>
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<td>• Repeats questions</td>
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<td>• Can’t recall events prior to the hit, bump, or fall</td>
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<td>• Can’t recall events after the hit, bump, or fall</td>
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<td>• Loses consciousness (even briefly)</td>
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<td>• Shows behavior or personality changes</td>
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<td>• Forgets class schedule or assignments</td>
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<tr>
<th>SYMPTOMS REPORTED BY STUDENTS</th>
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<td>• Difficulty thinking clearly</td>
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<td>• Difficulty concentrating or remembering</td>
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<td>• Feeling more slowed down</td>
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<tr>
<td>• Feeling sluggish, hazy, foggy, or groggy</td>
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<td><strong>Physical:</strong></td>
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<td>• Headache or “pressure” in head</td>
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<td>• Nausea or vomiting</td>
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<td>• Balance problems or dizziness</td>
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<td>• Fatigue or feeling tired</td>
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<td>• Blurry or double vision</td>
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<td>• Sensitivity to light or noise</td>
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<tr>
<td>• Numbness or tingling</td>
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<td>• Does not “feel right”</td>
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<td><strong>Emotional:</strong></td>
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<td>• Irritable</td>
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<td>• Sad</td>
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<td><strong>Sleep</strong>:</td>
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<td>• Drowsy</td>
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<td>• Sleeps less than usual</td>
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<td>• Sleeps more than usual</td>
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<tr>
<td>• Has trouble falling asleep</td>
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*Only ask about sleep symptoms if the injury occurred on a prior day.*
Signs and symptoms of concussion generally show up soon after the injury. However, a concussion is an evolving injury. The full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days.

In the classroom, concussion symptoms may translate into a variety of challenges with learning. Cognitive symptoms may result in problems with speed of reading, difficulties doing multi-step math problems, problems maintaining consistent attention throughout the class, and/or distractibility. Students’ complaints about physical symptoms such as headache, fatigue or increased sensitivity to the lights in the classroom or the noise in the hallways and cafeteria may impair the effectiveness of their learning. Problems with emotional control can also be evident. The student can become more easily irritated or agitated or may feel overwhelmed and frustrated by their learning challenges. These different symptoms can impact the student’s overall school performance.

What roles do cognitive exertion and rest play in a student’s recovery?

Resting after a concussion is critical because it helps the brain recover. Mental and cognitive exertion requires the brain’s energy, and when the brain’s energy is depleted due to injury, symptoms such as headaches and problems concentrating can worsen. For example, if a student with a concussion spends a lot of energy studying intensely for an exam, there will be less energy available to help the brain repair itself, which may delay recovery. These effects are referred to as cognitive-exertional effects.

Understanding the effect of cognitive exertion following a concussion is very important for a student because school engagement and learning requires active thinking. Therefore, the goal is to limit cognitive activity to a level that is tolerable for the student and that does not worsen or result in the reemergence of concussion symptoms. A plan for taking a break from intensive cognitive activity, known as cognitive rest, should
be included in the return to school management plan provided by the student’s health care provider.

Cognitive rest may require a student to limit or refrain from activities, such as working on a computer, driving, watching television, studying for or taking an exam, using a cell phone, reading, playing video games, and text messaging or other activities that cause concussion symptoms to appear or worsen. Many students find limiting or completely avoiding cognitive activities difficult, because these activities are a routine part of their lives. Therefore, it is important to explain to students that ignoring concussion symptoms and trying to “tough it out” often makes symptoms worse and can make recovery take longer, sometimes for months.

Tolerance for cognitive activity increases as the student recovers, but the rate of recovery may vary from one student to another. For example, three days after their injury one student may be able to read for 30 minutes before experiencing fatigue, headache, and reduced concentration; whereas, another student may be able to tolerate only 10 minutes of this same activity three days following the injury. Thus, regular monitoring of symptoms, including input from the student, is critical in any return-to-school plan.
It is normal for students to feel frustrated, sad, embarrassed, and even angry... Talk with the student about these issues and offer support and encouragement.
How can I help identify problems and needs?

Based on the identification of symptoms and an analysis of how the student responds to various activities, interventions that are tailored to the specific needs of the student can be identified and implemented.

To start, identify the types of symptoms the student is experiencing. Next, try to identify specific factors that may worsen the student's symptoms so steps can be taken to modify those factors. For example:

- Do some classes, subjects, or tasks appear to pose greater difficulty than others? (compared to pre-concussion performance)
- For each class, is there a specific time frame after which the student begins to appear unfocused or fatigued? (e.g., headaches worsen after 20 minutes)
- Is the student's ability to concentrate, read or work at normal speed related to the time of day? (e.g., the student has increasing difficulty concentrating as the day progresses)
- Are there specific things in the school or classroom environment that seem to distract the student?
- Are any behavioral problems linked to a specific event, setting (bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

Importantly, if a student has a history of concussions, medical condition at the time of the current concussion (such as a history of migraines), or developmental disorders (such as learning disabilities and ADHD), it may take longer to recover from the concussion. Anxiety and depression may also prolong recovery and make it harder for the student to adjust to the symptoms of a concussion.

It is normal for students to feel frustrated, sad, embarrassed, and even angry because they cannot keep up with their schoolwork or participate in their regular activities, such as driving or sports. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. In consultation with the student's healthcare professional, and as the student's symptoms decrease, the extra help or support can be removed gradually.
Some Strategies for Addressing Concussion Symptoms at School

(Please note: these strategies will vary based on the student’s age, level of understanding, and emotional status)

COGNITIVE

Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.

Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.

Adjust the student’s schedule as needed to avoid fatigue: shorten day, time most challenging classes with time when student is most alert, allow for rest breaks, reduced course load.

Adjust the learning environment to reduce identified distractions or protect the student from irritations such as too-bright light or loud noises.

Use self-paced, computer-assisted, or audio learning systems for the student having reading comprehension problems.

Allow extra time for test/in-class assignment completion.

Help the student create a list of tasks and/or daily organizer.

Assign a peer to take notes for the student.

Allow the student to record classes.

Increase repetition in assignments to reinforce learning.

Break assignments down into smaller chunks and offer recognition cues.

Provide alternate methods for the student to demonstrate mastery, such as multiple-choice or allowing for spoken responses to questions rather than long essay responses.

BEHAVIORAL/SOCIAL/EMOTIONAL

If the student is frustrated with failure in one area, redirect him/her to other elements of the curriculum associated with success.

Provide reinforcement for positive behavior as well as for academic achievements.

Acknowledge and empathize with the student’s sense of frustration, anger or emotional outburst: “I know it must be hard dealing with some things right now.”

Provide structure and consistency; make sure all teachers are using the same strategies.

Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.

Establish a cooperative relationship with the student, engaging him/her in any decisions regarding schedule changes or task priority setting.

Involve the family in any behavior management plan.

Set reasonable expectations.

Arrange preferential seating, such as moving the student away from the window (e.g. bright light), away from talkative peers, or closer to the teacher.
When symptoms persist: What types of formal support services are available?

For most students, only temporary, informal, academic adjustments are needed as they recover from a concussion. However, a variety of formal support services may be available to assist a student who is experiencing a prolonged recovery. These support services may vary widely among states and school districts. The type of support will differ depending on the specific needs of each student. Some of these support services may include:

- **Response to Intervention Protocol (RTI):** An RTI may be used for students who need academic adjustments for an extended period and/or need to increase the level of a particular intervention. An RTI allows for a multi-step, targeted approach that school professionals can use to monitor a student’s progress through increasing levels of an intervention. At each intervention level, a school professional assesses the students to determine whether additional instruction or support is needed.

- **504 Plan:** Students with persistent symptoms and who require assistance to be able to participate fully in school, may be candidates for a 504 plan. A 504 plan will describe modifications and accommodations to help a student return to pre-concussion performance levels. For example, a student recovering from a concussion might receive environmental adaptations, temporary curriculum modifications, and behavioral strategies.

- **Individualized Education Plan (IEP):** Students with certain classifications of disability that adversely impact educational performance may be eligible for an IEP. These students generally require significant help to access the curriculum. This help may include adjusting the student’s workload, adjusting methods or pace of instruction, or allowing the student to work in an environment other than an inclusive classroom. The majority of students with a concussion will not require an IEP; however, a small percentage of students with more chronic cognitive or emotional disabilities may require this level of support.
Returning to Sports and Activities

After a concussion, an athlete should only return to sports practices with the approval and under the supervision of their health care provider. When available, be sure to also work closely with your team’s certified athletic trainer.

The Graduated Return to Play Protocol should be followed for each child who experiences a concussion follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.
ATHLETIC CODE OF CONDUCT

Educating, promoting, and encouraging sportsmanship is one of Indian Trail’s priorities for all athletes, coaches, & spectators. Indian Trail believes in maintaining the integrity of the game; all coaches, officials, parents/guardians, program administrators, fans and players must actively enforce the rules of the game and practice good sportsmanship at all times. Indian Trail seeks to have good sportsmanship established as a core value for every Indian Trail sports team.

THIS SEASON I PLEDGE TO COMPETE WITH CLASS AND HONOR THE SIX PILLARS OF SPORTSMANSHIP...

- **Trustworthiness** – I will compete honorably and fulfill all of my commitments.
- **Respect** – I will win with grace and lose with dignity, and will not tolerate or engage in disrespectful behavior towards opponents, coaches, officials, or spectators.
- **Responsibility** – I will be a student first and a positive role model on and off the field.
- **Fairness** – I will live up to high standards of fair play, be open minded, and always be willing to listen and learn.
- **Caring** – I will support my teammates on and off the field with encouragement.
- **Citizenship** – I will honor the rules and integrity of the sport.

**Student Conduct:** It is an honor and privilege to be a member of an athletic team at Indian Trail, and student-athletes are representatives of Addison District 4. Therefore, the student-athletes are expected to act in an appropriate manner. The following behaviors are deemed inappropriate and will not be tolerated: fighting, profanity, possession of, use of, or being under the influence of alcohol, tobacco, or drugs, rude or disrespectful behavior, taunting opponents or official, destruction of property, or unsportsmanlike conduct. Any act of unsportsmanlike conduct will be dealt with swiftly. If a student-athlete fails to do any of the following, the student-athlete can be deemed ineligible to participate in games, meets, or matches for a defined period.

- Failure to maintain a standard of conduct satisfactory to school or conference rules.
- Failure to maintain academic eligibility as defined in the parent-student handbook.

**Spectator Conduct:** Everyone associated with an athletic event plays a major role in seeing that standards of sportsmanship are upheld. Fans are reminded that their sportsmanship and behavior reflects upon the reputation of Indian Trail Junior High School. A SPECTATOR SHOULD: demonstrate good sportsmanship, respect, cooperate, and respond enthusiastically to cheerleaders, censor fellow spectators who display negative behavior, respect the property of the school and the authority of school officials, never heckle, jeer, or distract members of opposing teams, never criticize the athletes or coaches for the loss of a contest, and accept the decisions of the officials.

INDIAN TRAIL JUNIOR HIGH SCHOOL
Be B.R.A.V.E.
2016-2017 ATHLETIC PARTICIPATION PERMIT

This form must be completed in its entirety and returned to the coach before starting or participating in any practice or athletic event.

Student Name

Student Grade

Sport

Coach

PARENTAL CONSENT FOR PARTICIPATION IN SCHOOL-SPONSORED ACTIVITIES

I give my permission for my child to participate in and ride school transportation to and from District 4 athletic events during the school year. I am also providing the emergency number listed below for contact in the event of an injury or other emergency.

Parent/Guardian Number

Alternate Number

Emergency Contact

Emergency Contact Number

Doctor

My Child will usually (circle one):  Walks Home  Get Picked Up  Goes to the Library

If necessary, it is ok for my child to go home with another student’s parent/guardian

YES  NO

If necessary, it is ok for my child to walk to the library

YES  NO

If necessary, it is ok for my child to walk home

YES  NO

In order to permit the above-named student to participate in interscholastic activities and to avoid placing a potential undue financial burden on the District, we agree to hold harmless and indemnify the School District, the Board of Education, its agents, administrators and employees from any claim, demand or expense, including but not limited to legal action, claims, demands, costs, judgements, expenses and attorney fees, which may arise by reason of participating in, or traveling to and from an interscholastic event.

Parent/Guardian Signature

Date

PHYSICIANS CONSENT

I have determined (student) to be physically able to participate in competitive athletics during the year following the date below.

Physician’s Signature

Date of Physical

INDIAN TRAIL JUNIOR HIGH SCHOOL
Be B.R.A.V.E.
PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT IN CONNECTION WITH SCHOOL-SPONSORED ACTIVITIES

I, ___________________________, parent or legal guardian of ___________________________, state that I am a resident of Addison School District #4 and enroll my child in the School District. I hereby authorize, agree and allow my child to participate in athletics or clubs. I hereby authorize and consent to Addison School District #4, its employees, and agents, and Dr. ___________________________ , my child’s physician, or any physician in their group practice, in my behalf and in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of Addison School District #4, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgment they deem appropriate to treat any injury sustained by my child. I further authorize Addison School District #4 by and through its employees and agents, to administer such emergency medical treatment as is necessary for the health and welfare of my child.

I do hereby agree to hold harmless and indemnify Addison School District #4, its employees and agents, either jointly or severally from and against any and all claims, demands, damages or causes of action, or injuries, including reasonable attorney’s fees and costs in the defense thereof, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

CONCUSSIONS
I reviewed and understand the risk of concussions and other serious brain injuries while participating in athletics. Additionally, I have discussed with my child, and they understand the risks associated with participating in athletics.

Parent/Guardian Signature ___________________________ Date ___________________________

Student Signature ___________________________ Date ___________________________

ELIGIBILITY
I reviewed and understand the eligibility requirements to participate in athletics. Additionally, I have discussed with my child, and they understand the requirements to participate in any athletic events.

Parent/Guardian Signature ___________________________ Date ___________________________

Student Signature ___________________________ Date ___________________________

ATHLETIC CODE OF CONDUCT
I reviewed and understand the requirements established in the Athletic Code of Conduct. Additionally, I have discussed with my child, and they understand the requirements established in the Athletic Code of Conduct.

Parent/Guardian Signature ___________________________ Date ___________________________

Student Signature ___________________________ Date ___________________________

INDIAN TRAIL JUNIOR HIGH SCHOOL
Be B.R.A.V.E.
STUDENT-ATHLETIC CODE OF CONDUCT

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- **Respect** – I will win with grace and lose with dignity, and will not tolerate or engage in disrespectful behavior towards opponents, coaches, officials, or spectators.
- **Responsibility** – I will be a student first and a positive role model on and off the field.
- **Fairness** – I will live up to high standards of fair play, be open minded, and always be willing to listen and learn.
- **Caring** – I will support my teammates on and off the field with encouragement.
- **Citizenship** - I will honor the rules and integrity of the sport.

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- Failure to maintain academic eligibility as defined in the parent-student handbook.

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I have read and understand the requirements of this Code of Conduct. I understand that I am expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

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<tr>
<th>Athlete’s Name</th>
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<th>Teacher Name</th>
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</table>
Indian Trail
Junior High School

Student-Athlete Handbook
2016-2017

Additional information can be found online at
http://www.asd4.org/ITJH/Department/9-Indian-Trail-Athletics
Athletic Offerings

Indian Trail offers a variety of athletic programs. Below is a list of activities that are offered throughout the year. Students may not participate in more than one sport each season. Tryouts, practices, and game dates will be announced in the weeks before the start of the season. Cross Country, Wrestling, and Track are no-cut sports. Also, these are currently the only sports that sixth graders can participate in during the school year. In addition to those sports, Indian Trail offers Intramural Soccer.

<table>
<thead>
<tr>
<th>Sport</th>
<th>Season</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross Country</td>
<td>August and September</td>
<td>6th, 7th, &amp; 8th Grade Boys and Girls</td>
</tr>
<tr>
<td>Girls Basketball</td>
<td>October and November</td>
<td>6th, 7th, &amp; 8th Grade Girls</td>
</tr>
<tr>
<td>Wrestling</td>
<td>October to January</td>
<td>6th, 7th, &amp; 8th Grade Boys and Girls</td>
</tr>
<tr>
<td>Boys Basketball</td>
<td>December and January</td>
<td>6th, 7th, &amp; 8th Grade Boys</td>
</tr>
<tr>
<td>Spirit Squad</td>
<td>December and January</td>
<td>6th, 7th, &amp; 8th Grade Boys and Girls</td>
</tr>
<tr>
<td>Girls Volleyball</td>
<td>February and March</td>
<td>6th, 7th, &amp; 8th Grade Girls</td>
</tr>
<tr>
<td>Boys Volleyball</td>
<td>February and March</td>
<td>6th, 7th, &amp; 8th Grade Boys</td>
</tr>
<tr>
<td>Track</td>
<td>April and May</td>
<td>6th, 7th, &amp; 8th Grade Boys and Girls</td>
</tr>
<tr>
<td>Intramural Soccer</td>
<td>TBD</td>
<td>6th, 7th, &amp; 8th Grade Boys and Girls</td>
</tr>
</tbody>
</table>

The above timeframes are approximate dates for each season. The individual coaches will have the actual season schedule available before the season.

Please note: Cross Country, Wrestling, Track, and Intramural Soccer have NO TRYOUTS.
<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Position</th>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar Avila</td>
<td>7th Girls and 7th Boys Basketball Coach</td>
<td><a href="mailto:oavila@asd4.org">oavila@asd4.org</a></td>
<td>630-458-2593</td>
</tr>
<tr>
<td>Craig Bennett</td>
<td>Building Principal</td>
<td><a href="mailto:cbennett@asd4.org">cbennett@asd4.org</a></td>
<td>630-458-2515</td>
</tr>
<tr>
<td>Scott Farnan</td>
<td>Assistant Track Coach</td>
<td><a href="mailto:sfarnan@asd4.org">sfarnan@asd4.org</a></td>
<td>630-458-2536</td>
</tr>
<tr>
<td>Ed Gimenez</td>
<td>Assistant Wrestling Coach and Head Track Coach</td>
<td><a href="mailto:egimenez@asd4.org">egimenez@asd4.org</a></td>
<td>630-458-2560</td>
</tr>
<tr>
<td>Gina Majewski</td>
<td>Intramural Soccer</td>
<td><a href="mailto:gmajewski@asd4.org">gmajewski@asd4.org</a></td>
<td>630-458-2562</td>
</tr>
<tr>
<td>Whitney McHugh</td>
<td>Assistant Track Coach</td>
<td><a href="mailto:wmchugh@asd4.org">wmchugh@asd4.org</a></td>
<td>630-458-2572</td>
</tr>
<tr>
<td>Kathy Meyer</td>
<td>Intramural Soccer</td>
<td><a href="mailto:kmeyer@asd4.org">kmeyer@asd4.org</a></td>
<td>630-458-2590</td>
</tr>
<tr>
<td>Dana Prendergast</td>
<td>7th Boys Volleyball</td>
<td><a href="mailto:dprendergast@asd4.org">dprendergast@asd4.org</a></td>
<td>630-458-2564</td>
</tr>
<tr>
<td>Sherry Perez</td>
<td>Cross-Country Head Coach</td>
<td><a href="mailto:sperez@asd4.org">sperez@asd4.org</a></td>
<td>630-458-2589</td>
</tr>
<tr>
<td>Dave Pytko</td>
<td>Cross-Country Head Coach and Wrestling Head Coach</td>
<td><a href="mailto:dpytko@asd4.org">dpytko@asd4.org</a></td>
<td>630-458-3038</td>
</tr>
<tr>
<td>Janet Ramirez-Franco</td>
<td>Intramural Soccer</td>
<td><a href="mailto:jramirez@asd4.org">jramirez@asd4.org</a></td>
<td>630-458-2594</td>
</tr>
<tr>
<td>Jenn Schulmeister</td>
<td>8th Boys Basketball and 7th Girls Volleyball</td>
<td><a href="mailto:jschulmeister@asd4.org">jschulmeister@asd4.org</a></td>
<td>630-458-2558</td>
</tr>
<tr>
<td>Ellen Stewart</td>
<td>Spirit Squad</td>
<td><a href="mailto:estewart@asd4.org">estewart@asd4.org</a></td>
<td>630-458-2479</td>
</tr>
<tr>
<td>Corrinne Tagansky</td>
<td>8th Girls Basketball</td>
<td><a href="mailto:ctagansky@asd4.org">ctagansky@asd4.org</a></td>
<td>630-458-2563</td>
</tr>
<tr>
<td>Rob Tucker</td>
<td>Athletic Director</td>
<td><a href="mailto:rtucker@asd4.org">rtucker@asd4.org</a></td>
<td>630-458-2515</td>
</tr>
<tr>
<td>Jake Wajda</td>
<td>8th Boys Volleyball</td>
<td><a href="mailto:jwajda@asd4.org">jwajda@asd4.org</a></td>
<td>630-458-2567</td>
</tr>
<tr>
<td>Caitlyn Wezien</td>
<td>Spirit Squad and Girls Volleyball</td>
<td><a href="mailto:cwlezien@asd4.org">cwlezien@asd4.org</a></td>
<td>630-458-2609</td>
</tr>
</tbody>
</table>
Requirements for Participation
To participate in practices or contests, each athlete must have all of the following.

1. **Valid Sports Physical** – Sports Physicals are valid for one year from the date of the physical.
2. **Athletic Fee** – A completed Athletic Fee envelope and full payment must be submitted to the Main Office. Please see the Athletic Fee list on Page 5 for the amount due for each sport.
3. **Athletic Participation Permit** – A completed Athletic Participation Permit must be submitted to the coach and on file in the Main Office.

Athletic Fees
All athletic fees must be paid on or before the first day of practice. Payment along with completed envelope can be submitted to the Main Office.

<table>
<thead>
<tr>
<th>Sport</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross Country</td>
<td>$20</td>
</tr>
<tr>
<td>Girls Basketball</td>
<td>$75</td>
</tr>
<tr>
<td>Boys Basketball</td>
<td>$75</td>
</tr>
<tr>
<td>Wrestling</td>
<td>$35</td>
</tr>
<tr>
<td>Girls Volleyball</td>
<td>$55</td>
</tr>
<tr>
<td>Boys Volleyball</td>
<td>$55</td>
</tr>
<tr>
<td>Track</td>
<td>$20</td>
</tr>
</tbody>
</table>

Eligibility
To reinforce our primary mission of teaching and learning, students must maintain academic engagement and positive behavior in order to be eligible for participation in athletic and student activities. Students may become ineligible for an activity if daily work and assignments, as well as PBIS classroom behavioral expectations, are not met.

Students will be evaluated on their classroom behavior and work completion in each class every two weeks. Any student at risk for losing eligibility will be discussed by teachers, coaches, and administrators. If a student is in danger of becoming ineligible, he/she will be placed on probation for one week. Teachers will contact parents/guardian if their student is being placed on probation. If PBIS expectations are not met while on probation, the student will become ineligible the following week from Saturday to Friday. The continued lack of improvement may lead to dismissal from the team/activity.
Athletic Code of Conduct

Educating, promoting, and encouraging sportsmanship is one of Indian Trail's priorities for all athletes, coaches, & spectators. Indian Trail believes in maintaining the integrity of the game; all coaches, officials, parents/guardians, program administrators, fans and players must actively enforce the rules of the game and practice good sportsmanship at all times. Indian Trail seeks to have good sportsmanship established as a core value for every Indian Trail sports team.

This season I pledge to Compete with Class and Honor the Six Pillars of Sportsmanship...

- **Trustworthiness** – I will compete honorably and fulfill all of my commitments.
- **Respect** – I will win with grace and lose with dignity, and will not tolerate or engage in disrespectful behavior towards opponents, coaches, officials, or spectators.
- **Responsibility** – I will be a student first and a positive role model on and off the field.
- **Fairness** – I will live up to high standards of fair play, be open minded, and always be willing to listen and learn.
- **Caring** – I will support my teammates on and off the field with encouragement.
- **Citizenship** - I will honor the rules and integrity of the sport.

**Student Conduct:** It is an honor and privilege to be a member of an athletic team at Indian Trail, and student-athletes are representatives of Addison District 4. Therefore, the student-athletes are expected to act in an appropriate manner. The following behaviors are deemed inappropriate and will not be tolerated: fighting, profanity, possession of, use of, or being under the influence of alcohol, tobacco, or drugs, rude or disrespectful behavior, taunting opponents or official, destruction of property, or unsportsmanlike conduct. Any act of unsportsmanlike conduct will be dealt with swiftly. If a student-athlete fails to do any of the following, the student-athlete can be deemed ineligible to participate in games, meets, or matches for a defined period.

- Failure to maintain a standard of conduct satisfactory to school or conference rules.
- Failure to maintain academic eligibility as defined in the parent-student handbook.

**Spectator Conduct:** Everyone associated with an athletic event plays a major role in seeing that standards of sportsmanship are upheld. Fans are reminded that their sportsmanship and behavior reflects upon the reputation of Indian Trail Junior High School. A Spectator should: demonstrate good sportsmanship, respect, cooperate, and respond enthusiastically to cheerleaders, censor fellow spectators who display negative behavior, respect the property of the school and the authority of school officials, never heckle, jeer, or distract members of opposing teams, never criticize the athletes or coaches for the loss of a contest, and accept the decisions of the officials.
Concussion Information

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children’s or teens’ games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is 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 quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children’s or teens’ chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach’s rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

<table>
<thead>
<tr>
<th>Signs Observed by Parents or Coaches</th>
<th>Symptoms Reported by Children and Teens</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Appears dazed or stunned.</td>
<td>- Headache or “pressure” in head.</td>
</tr>
<tr>
<td>- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.</td>
<td>- Nausea or vomiting.</td>
</tr>
<tr>
<td>- Moves clumsily.</td>
<td>- Balance problems or dizziness, or double or blurry vision.</td>
</tr>
<tr>
<td>- Answers questions slowly.</td>
<td>- Bothered by light or noise.</td>
</tr>
<tr>
<td>- Loses consciousness (even briefly).</td>
<td>- Feeling sluggish, hazy, foggy, or groggy.</td>
</tr>
<tr>
<td>- Shows mood, behavior, or personality changes.</td>
<td>- Confusion, or concentration or memory problems.</td>
</tr>
<tr>
<td>- Can’t recall events prior to or after a hit or fall.</td>
<td>- Just not “feeling right,” or “feeling down.”</td>
</tr>
</tbody>
</table>

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren’t serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it’s better to miss one game than the whole season.
Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children’s or teens’ health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?
In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

What Should I Do If My Child or Teen Has a Possible Concussion?
As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child’s or teen’s health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child’s or teen’s school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child’s or teen’s return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

To learn more, go to www.cdc.gov/HEADSUP
You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.
Addison School District 4
Concussion Management Protocol

**PRE-SEASON**
- Coach/Teacher Education
- Parent/Student Education
- Concussion Protocol Development
- Concussion Protocol Training

Head Trauma or Possible Concussion

**Following Trauma**
- Immediately Start Concussion Protocol
- Assess Student/Athlete
- Notify Parents
- Call 911, if Loss of Consciousness
- Notify C. Wartman, Building Principal, District Nurses

Not Cleared
- Physician Care
- No Physical Activity

Concussion Management
- Managed by Physician
- Managed by Family

Cleared
- Return to School
- Return to Play (Gradual)
- Monitor Athlete

Adapted from Sports Concussion Institute
Equipment
Athletes are responsible for all equipment that they are issued. The coaches will keep a record of all the equipment issued. Lost or damaged equipment is the responsibility of the athlete. Athletes will be responsible for paying the replacement cost of any lost or damaged equipment. Athletes will not be issued new equipment for other sports and will not receive any athletic awards. SLPs and/or student schedules can be withheld until equipment is resolved.

It is expected that athletes will take pride in their uniforms/equipment and use them at authorized events and practices unless approved by the coaches.

Athletic Conference
Indian Trail is a member of the West Suburban Middle School Athletic Conference (WSMSAC) and follows the guidelines and by-laws established by the conference.

WSMSAC Sportsmanship Statement

Good sportsmanship is one of the primary purposes of the middle school interscholastic athletic program. Our athletes recognize that judgment calls are made in good faith and that they must abide by the decisions of the officials. Spectators can support their middle school interscholastic program by refraining from derogatory or intemperate remarks and cheers. We hope you will enjoy the game and support your athletes in a positive and sportsmanship manner.

Byran Middle School – Elmhurst
Clarendon Hill MS – Clarendon Hills
Indian Trail Junior High School – Addison
Jackson Middle School – Villa Park

Blackhawk Middle School – Bensenville
Churchville Middle School – Elmhurst
Hinsdale Middle School – Hinsdale
Jefferson Middle School – Villa Park

Sandburg Middle School – Elmhurst