

**Clark County School District**  
**MIDDLE SCHOOL CONCUSSION MANAGEMENT PROGRAM**

**Dear Parents:**

A concussion is a brain injury that results from a bump, blow, or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities.

Student-athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at a greater risk for catastrophic injury to the brain or even death. Ensuring that a student-athlete who sustains or is suspected of sustaining a concussion or other injury to the head receives the appropriate medical care before returning to an athletic activity will significantly reduce the child's risk of sustaining greater injury in the future.

1. Each school year, before a student is allowed to participate in an interscholastic activity or event, the student's parents or legal guardians must be provided with a copy of this policy.
2. The student's parents or legal guardian must sign the statement attached to this policy acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.
3. If a student-athlete sustains, or is suspected of sustaining, an injury to the head while participating in any district activity or event the pupil must:
  - a. Be immediately removed from the activity or event; and
  - b. May only return to the activity or event if the parent or legal guardian of the student-athlete provides the athletic administrator or principal of the school a signed statement from a provider of health care indicating that the student-athlete is medically cleared for participation in the activity or event. The statement must indicate that the student-athlete was examined for a **possible concussion** and provide a date on which the student-athlete may return to the activity or event.
  - c. "Provider of health care" as used in b, above, means a physician licensed under Chapter 630 or 633 of the Nevada Revised Statutes (NRS).

**Note: In an effort to protect student-athletes the Clark County School District (CCSD) middle school Concussion Management Program requires a signed statement from a licensed physician indicating that the student-athlete is medically cleared for participation in the activity or event.**

**Clark County School District**

**CONCUSSION PREVENTION MANAGEMENT PROGRAM**

**STUDENT AND PARENTAL ACKNOWLEDGMENT FORM**

We, the undersigned, acknowledge that we have been provided with a copy of the Clark County School District (CCSD) Concussion Management Program, and that we have read and understand the policy in its entirety or it has been read to us and we understand the same. We hereby acknowledge and agree to follow all procedures set forth in the CCSD Concussion Management Program at all times during which our son or daughter participates in CCSD activities and events.

We further acknowledge that if the school our son or daughter participates for has adopted a more stringent program for the prevention, treatment and management of concussions, including by way of example only, the Second Impact Program, that we will be required to comply with the terms and conditions of that program before our son or daughter may return to an activity or event.

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**