In order for students to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information. Please see the YCSD Athletic Handbook for detailed concussion information, located on the school athletics web page, and review this concussion education video from CHKD. https://safeYouTube.net/w/n5rX

I. Definition of Concussion
A brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

II. Signs and Symptoms

<table>
<thead>
<tr>
<th>Signs observed by parents or guardians</th>
<th>Symptoms reported by athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>* appears dazed or stunned</td>
<td>* headache or “pressure” in head</td>
</tr>
<tr>
<td>* forgets an instruction</td>
<td>* nausea or vomiting</td>
</tr>
<tr>
<td>* moves clumsily</td>
<td>* double or blurry vision</td>
</tr>
<tr>
<td>* loses consciousness (even briefly)</td>
<td>* sensitivity to noise</td>
</tr>
<tr>
<td>* can’t recall events prior to hit or fall</td>
<td>* feeling sluggish, hazy, foggy, or groggy</td>
</tr>
</tbody>
</table>

III. Return to Learn
Many of the signs and symptoms associated with a concussion can affect a student’s ability to participate in normal academic activities. With different rates of recovery, students may need modifications in their academic setting. Adjustments could include cognitive and physical rest with no school, part-time school, or full day school with minimal instructional modifications and/or accommodations.

IV. Return to Play Progression
If an athlete is suspected of having incurred a concussion during practice or play, this procedure will be followed:
1. removal from activity
2. notification of parent/guardian regarding the incident
3. the student-athlete must bring written clearance from his/or licensed health care provider
4. begin a 6-stage return to play progression per school’s licensed athletic trainer / coach / nurse, return to full participation after completing steps 1-5. (See Athletic Handbook for specific details)

It’s better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussions
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V. Acknowledgement by Parents/Guardians and Student-Athletes
I have reviewed the YCSD information concerning concussion and return to play procedures.

______________________________  ________________________________  _____________
Student-Athlete Name (PRINTED)  Student-Athlete Name (SIGNATURE)  Date

______________________________  ________________________________  _____________
Parent/Guardian Name (PRINTED)  Parent/Guardian Name (SIGNATURE)  Date

It’s better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussions

Notes: