Bend-La Pine Schools

Protocol and Procedures for Management of Concussions
3/2025 UPDATE

Est. 1883
BEND LAPINE
Schools
EDUCATING THRIVING STUDENTS

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Introduction

Bend-La Pine Schools (also referred to as the “District”) seeks to provide a safe environment for all students. The district has established this protocol to guide school personnel in the recognition and management of mild traumatic brain injuries (“concussions”). The purpose of the protocol is to:

- Outline district policy as it pertains to a student’s removal from activity, referral for care, return to school, and/or return to play/sports (including games, practice, or conditioning) following a concussion in compliance with Oregon Revised Statute (ORS) 336-485 and Oregon Administrative Rules (OAR) 581-022-0421.

- Educate and guide personnel who train members of the school team, including school staff, volunteers, consulting registered nurses (“nurses”), contract coaches/instructors (“Coaches”) licensed athletic trainers (“ATs”), and other members of the school Concussion Management Team (“CMT”).

- Aid district personnel in ensuring students with suspected concussion are effectively and consistently identified and appropriately referred, receive proper follow-up medical care and academic assistance, and are fully recovered and returned to school with no academic accommodations prior to “Return to Play.”

Regardless of their role, all district staff, including volunteer coaches, are expected to follow the general principles of **Recognize, Remove, Refer,** and **Return.**

Recognition of Concussion

A concussion should be suspected when there is a plausible mechanism of injury and a student displays signs or symptoms consistent with concussion.

A plausible mechanism of injury is any incident involving a transfer of mechanical energy to the brain from external forces resulting from (1) head being struck with an object; (2) head striking a hard object or surface; (3) brain undergoing an acceleration/deceleration movement without direct contact between the head and an object or surface; and/or (4) forces generated from a blast or explosion (American Journal of Rehabilitation Medicine, 2023).

SIGNS	**SYMPTOMS**
Appears dazed	Headache
Confused / Forgetful	Fatigue or drowsiness
Slow to answer questions	Nausea or vomiting
Moves clumsily / Balance problems	Double vision or blurry vision
Loss of consciousness	Feels sluggish or “foggy”
Seizure-like-activity	Difficulty concentrating or remembering
Change in personality	Tinnitus (Ringing in ears)

NOTE: This list is not all-inclusive. Other injuries, such as an injury to the cervical spine, should also be considered.

Baseline Testing

High school athletes participating in the designated Oregon School Activities Association (OSAA) sports listed below will be offered a baseline test prior to participating in the sport. These baseline tests are administered by the AT and are performed at the school. Baseline tests are obtained every two years, typically in the freshman and junior years of high school.

All athletes in their junior year will be required to take a “new” baseline test prior to participating in one of the designated sports. Only one baseline test is required for all sports in which the athlete participates.

Sports that will receive a baseline test are football, volleyball, girls’ soccer, boys’ soccer, boys’ basketball, girls’ basketball, wrestling, and cheerleading.

Removal from Activity

Students experiencing symptoms or exhibiting signs of a possible concussion will be removed from their activity immediately. Athletes will not be allowed to return to participation that day.

Non-athletes will be assessed by a member of the CMT utilizing the Coaches / CMT Report Form (See Resources).

Athletes will be assessed by the athletic trainer or coach. Coaches should seek assistance from the host site AT if at an away contest.

- If an AT is present, the AT will perform the sideline assessment utilizing Sway or SCAT6 (See Resources). Comparisons of results are made to baseline testing or if baselines aren't available, then to age matched controls.
- If an AT is not present, a Coach will perform the sideline assessment using the Coaches / CMT Report Form (See Resources).

A copy of the assessment form should be given to the parent/guardian at the time of the incident.

Referral for Medical Evaluation

All students with a suspected concussion will be referred for evaluation by a qualified medical professional.

Call 911 if the injured student:

- Experiences a loss of consciousness of any duration, vomiting, or seizure; or
- Is not stable (i.e. condition is persisting or deteriorating)

A student whose condition is stable may be transported by their parent/guardian:

- The parent/guardian should be advised to consult with a healthcare professional or seek care at the nearest hospital emergency department.
- *Always advise parents/guardians the option of emergency transportation, even if you do not feel it is necessary.*
- In the event that a student's parents cannot be reached, and the student is stable:
    - The AT, coach, nurse or school administrator should ensure that the student will be with a responsible individual, who is capable of monitoring the student and understanding the home care instructions, before allowing the student to go home.
    - If there is any question about the status of the student, or if the student is not able to be monitored appropriately, the student should be referred to the emergency department at the nearest hospital for evaluation. The AT, coach, or administrator should accompany the student and remain with them until the parent/guardian arrives.
- At no time should a student be left alone for any reason prior to being picked up by the parent/guardian.
- At no time shall a student exhibiting signs and symptoms of a concussion be permitted to drive themselves.

All head injuries will be reported to the AT, CMT, or nurse within the next school day or sports activity (whichever comes first) for assessment and coordination of follow-up care.

Return to Learn

Upon returning to school, the student will report to the nurse or other designated member of the CMT.

Expectations of the Concussion Management Team (CMT)

- Students should return to light activity following concussion guidelines.
- A designated school CMT representative will supervise the "Return to School" progression and determine the student's status in the progression with the health care professional recommendations.
- A Mild TBI/Concussion Temporary Accommodations Plan Form (See Resources) will be completed.
- Injury notification will be sent to the student's teachers and guidance counselor that a concussion accommodation plan has been developed.
- The student's physical education teacher should be notified that the athlete is restricted from physical activity until further notice from the designated CMT representative.
- Should a student require academic support, educators will be provided strategies that may help the concussed student succeed in the recovery process.
- A designated CMT representative will regularly meet with the student to assess post-concussion symptoms.
- A designated CMT representative will communicate updated recommendations to the student's counselor and teachers.
- A designated CMT representative will consult with HDESD concussion coaches for students with persistent symptoms or who have not been evaluated by a qualified health care professional.
- Should a parent/guardian refuse to have their student cleared by a qualified health care professional, a representative from the school's CMT will continue evaluating the student until they are symptom free. The nurse or designated CMT representative will note in Synergy the following:
    - Parent/guardian advised to follow up with a licensed health care provider for the student to be fully cleared to return to school without any accommodations.
    - Parent/guardian refuses recommendation to have a licensed health care provider fully clear the student to return to school without any accommodations.
    - Once the student is no longer symptomatic, a representative from the school's CMT will confer with parent/guardian that the temporary accommodations for academics will be discontinued. Synergy note should include student denies any concussion symptoms verbally and using the Post-Concussion Symptom Checklist (Appendix D).
    - Students, parent/guardian will be informed that if the student chooses to participate in a district sponsored sports activity in the future, a note from a licensed healthcare provider, clearing the student to participate in sports activity

without any academic or athletic accommodations, post-concussion must be submitted to the nurse and AT (if applicable) prior to the start of a district sponsored sport activity. Student will need to successfully complete all criteria of the return-to-play protocol prior to return.

Expectations of the Guidance Counselor

- Monitor the student closely and recommend appropriate academic accommodations for students who are exhibiting post-concussion symptoms.
- Communicate with the nurse or CMT on a regular basis to provide the most effective accommodations for the student.

Return to Play

Following a confirmed or suspected concussion, no athlete will be permitted to participate in a school-sponsored sport until the athlete provides an OSAA Concussion Return to Participation Medical Release Form (See Resources) completed and signed by a physician or other qualified healthcare professional.

At schools with a Licensed Athletic Trainer, the graduated Return-to-Sport (RTS) Strategy (See Resources) progression will be monitored by the AT. At schools without an AT, the progression will be overseen by the coach in coordination with the school CMT. In schools which have the services of an athletic trainer licensed by the Oregon Board of Athletic Trainers, that athletic trainer may determine that an athlete has not exhibited signs, symptoms, or behaviors consistent with a concussion, and has not suffered a concussion, and return the athlete to play that day.

Athletes may not return to full contact practice or competition until the athlete:

- No longer exhibits signs, symptoms, or behaviors consistent with a concussion at rest and with exertion (including mental exertion in school).
- Is participating in full school hours and classroom activities without accommodations, except for the need for more time for makeup work.
- Has a valid baseline test and is within normal range of baseline on post-concussion neurocognitive testing.
    - If they do not have a baseline, then they must be testing within a range consistent with their academic performance and compared to age matched controls.

- Successfully completed graduated, step-wise Return-to-Participation progression.

- Provides a completed OSAA Concussion Return to Participation Medical Release Form (See Resources) signed by a qualified health care professional. The form must clearly indicate the athlete has been cleared for full contact/practice. *Only a physician or qualified health care professional may provide medical clearance.*

    - *Even if an athlete returns a signed OSAA form indicating full clearance, they may not return to practice or competition until they have successfully completed the full return to play criteria.*

All students including those not participating in school sports should receive medical clearance and successful completion of return to play protocol prior to returning to recess, PE, or weights class.

Expectations of the Athletic Trainer

Following a suspected concussion, the Oregon Health Licensing Board requires that a licensed athletic trainer (AT) assess the injury or provide guidance to the coach(es) of the sport the athlete is currently participating in if unable to personally attend to the athlete.

- The AT is responsible for administering the post injury neurocognitive test. The testing will be performed within 48 hours of initial injury. If scores are not within normal range of baseline, post-injury testing will be repeated at the time that symptoms resolve.
    - The AT will perform serial assessments following recommendations in the National Athletic Trainers' Association (NATA) Position Statement SCAT-6 assessment tool.
- The AT will maintain appropriate computerized documentation regarding assessment and management of the injury.
- The AT will notify the athlete's parents/guardians and give written and verbal home and follow-up care instructions.
    - The AT will review the post-concussion test data with the athlete and the athlete's parent/guardian; and
    - Athletes and parents/guardians sign a release for treatment and coordination of care to include the nurse, CMT, and administrators as a part of their sport packet before playing sports.
- The AT will refer to a health care professional when medically appropriate; and
    - The AT will forward testing results to the athlete's health care professional, with parent/guardian permission and a signed Authorization to Use and/or Disclose Information Educational and Protected Health Information Form (see Resources)
- The AT will notify the nurse or Concussion Management Team at the athlete's school of the injury within the next school day, so they can initiate appropriate follow-up care/recommended accommodations by the health care provider upon the athlete's return to school.
    - The AT will continue to provide coordinated care with the nurse or CMT for the duration of the injury/recovery; and
    - The nurse or CMT will communicate with the athlete's guidance counselor regarding the athlete's neurocognitive and recovery status if needed; and
    - The AT will monitor the athlete and keep the nurse or CMT informed of the student's symptomatology and neurocognitive status, for the purposes of modifying the recommended concussion accommodation guidelines from the health care provider as appropriate for the student.
    - The AT will monitor the athletes progression within the OSAA Graduated, Stepwise Return-to-Participation Progression and keep the coach informed of the athletes progress.

Expectations of the Sport Coach

It is the expectation that coaches who coach athletes participating in a Bend-La Pine Schools sponsored sport will:

- Notify the AT if the coach receives notification of a concussion from someone other than the AT.
- Follow the OSAA Graduated, Stepwise Return-to-Participation Progression as noted on the OSAA Concussion - Return to Participation Medical Release Form.
- Follow the recommendations of the AT, CMT, and healthcare professional in determining the athlete's status and progression. *The athlete may not progress to Step 5 until medically cleared.*
- Refer the athlete to the AT, CMT, or to a qualified healthcare professional as needed for new or worsening symptoms.

No additional testing is required once the athlete has been cleared for full competition by a qualified healthcare professional.

Training

All coaches shall receive annual training (no less than once every twelve months), prior to initiation of the season for the sport in which that coach instructs or trains, to learn how to recognize the symptoms of a concussion.

Each school in the district that sponsors athletics shall annually develop a list of all coaches, identify the resources to be used to provide the training, develop training timelines for all coaches, and document that each coach completes the training.

Annual training will be tracked and documented annually by the school athletic director in the NFHS learning center and the OSAA website.

Annual training shall include training on the following topics:

- Training in how to recognize the signs and symptoms of a concussion.
- Training in strategies to reduce the risk of concussions.
- Training in how to seek proper medical treatment for a person suspected of having a concussion.
- Training in procedures of how an athlete may safely return to participation.

Participating Partners

The team members who have provided input to the current/updated 1/2025 Bend-La Pine Schools Concussion Protocol include:

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Review Cycle

Given that concussion related knowledge and best practices are rapidly evolving, it is recommended that we, Bend-La Pine Schools, will periodically re-evaluate and update the Protocol and Procedures for Management of Concussions. It is recommended that we Bend-La Pine Schools review the Protocol every year on May 1, for completion by June 1.

Acknowledgement

A special acknowledgement to The Center Foundation for sponsoring the athletic trainers in all Bend-La Pine High Schools. Athletic trainers' specialized scope of practice includes injury prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. These specialists attempt to make participation safer and ensure that best practices are in place.

Resources



Bend-La Pine Schools

Protocol and Procedures for Management of Concussions
2025 Review and Update

Graduated Return to Sport Strategy

Table 1 Graduated Return-to-Sport (RTS) Strategy			
Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills. May start progressive resistance training	Exercise, coordination, and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills
6	Return to sport	Normal game play	

NOTE: An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

- McCrory P, et al. Br J Sports Med 2017;01-10. Doi10.1136/bjsports-2017-097

SCAT6 – Sport Concussion Assessment Tool, 6th Ed.

SCAT6™

Sport Concussion Assessment Tool

For Adolescents (13 years +) & Adults

What is the SCAT6?

The SCAT6 is a standardised tool for evaluating concussions designed for use by Health Care Professionals (HCPs). The SCAT6 cannot be performed correctly in less than 10-15 minutes. Except for the symptoms scale, the SCAT6 is intended to be used in the acute phase, ideally within 72 hours (3 days), and up to 7 days, following injury. If greater than 7 days post-injury, consider using the SCOAT6/Child SCOAT6.

> The SCAT6 is used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT6.
>
> If you are not an HCP, please use the Concussion Recognition Tool 6 (CRT6).

Preseason baseline testing with the SCAT6 can be helpful for interpreting post-injury test scores but is not required for that purpose. Detailed instructions for use of the SCAT6 are provided as a supplement. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in ***blue italics***. The only equipment required for the examiner is athletic tape and a watch or timer.

> This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

Recognise and Remove

A head impact by either a direct blow or indirect transmission of force to the head can be associated with serious and potentially fatal consequences. If there are significant concerns, which may include any of the Red Flags listed in Box 1, the athlete requires urgent medical attention, and if a qualified medical practitioner is not available for immediate assessment, then activation of emergency procedures and urgent transport to the nearest hospital or medical facility should be arranged.

Completion Guide

Orange: Optional part of assessment

Key Points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed, and monitored for injury-related signs and symptoms, including deterioration of their clinical condition.
- No athlete diagnosed with concussion should return to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred (or transported if needed) to a medical facility for assessment.
- Athletes with suspected or diagnosed concussion should not take medications such as aspirin or other anti-inflammatories, sedatives or opiates, drink alcohol or use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms may evolve over time; it is important to monitor the athlete for ongoing, worsening, or the development of additional concussion-related symptoms.
- The diagnosis of concussion is a clinical determination made by an HCP.
- The SCAT6 should NOT be used by itself to make, or exclude, the diagnosis of concussion. It is important to note that an athlete may have a concussion even if their SCAT6 assessment is within normal limits.

Remember

- The basic principles of first aid should be followed: assess danger at the scene, athlete responsiveness, airway, breathing, and circulation.
- Do not attempt to move an unconscious/unresponsive athlete (other than what is required for airway management) unless trained to do so.
- Assessment for a spinal and/or spinal cord injury is a critical part of the initial on-field evaluation. Do not attempt to assess the spine unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

For use by Health Care Professionals Only **SCAT6™**

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee · FEI · FIA · FIFA · IIHF · World Rugby

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SCAT6™ Sport Concussion Assessment Tool

For Adolescents (13 years +) & Adults

Athlete Name:				**ID Number:**	
Date of Birth:		**Date of Examination:**		**Date of Injury:**	
Time of Injury:		**Sex:** Male ☐	Female ☐	Prefer Not To Say ☐	Other
Dominant Hand: Left ☐	Right ☐	Ambidextrous ☐		**Sport/Team/School:**	
Current Year in School (if applicable):				**Years of Education Completed (Total):**	
First Language:				**Preferred Language:**	
Examiner:					

Concussion History

How many diagnosed concussions has the athlete had in the past?:

When was the most recent concussion?:

Primary Symptoms:

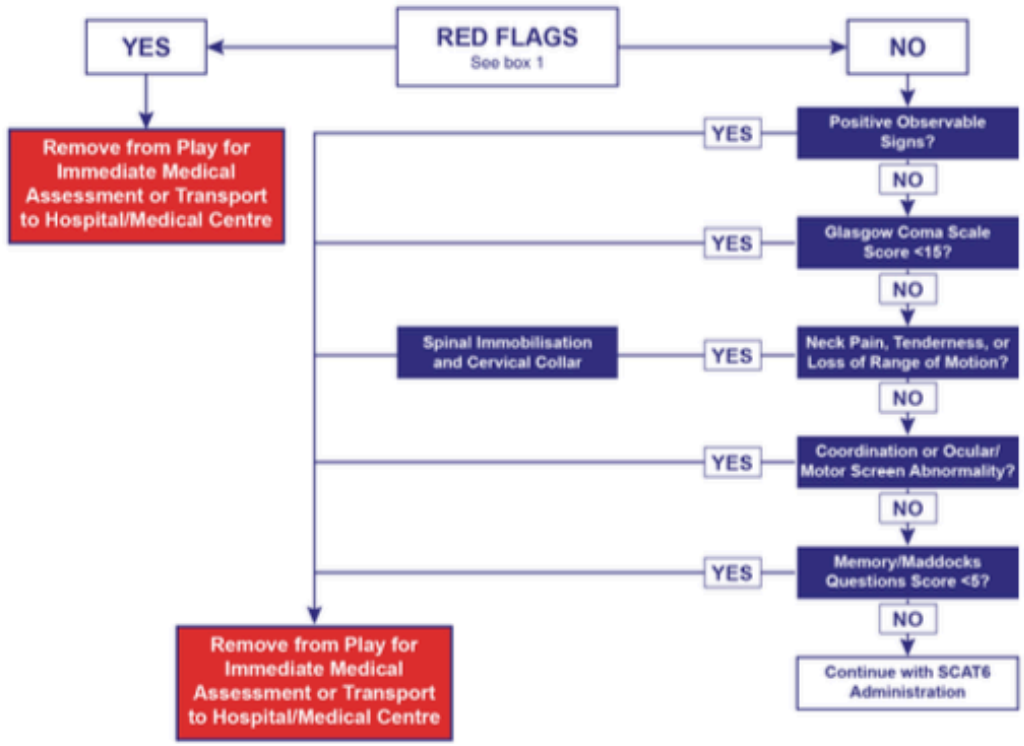
How long was the recovery (time to being cleared to play) from the most recent concussion?: (Days)

Immediate Assessment/Neuro Screen (Not Required at Baseline)

The following elements should be used in the evaluation of all athletes who are suspected of having a concussion prior to proceeding to the cognitive assessment, and ideally should be completed "on-field" after the first aid/emergency care priorities are completed.

If any of the observable signs of concussion are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by an HCP.

The Glasgow Coma Scale is important as a standard measure for all patients and can be repeated over time to monitor deterioration of consciousness. The Maddocks questions and cervical spine exam are also critical steps of the immediate assessment.



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Step 1: Observable Signs

Witnessed ☐ Observed on Video ☐

Lying motionless on playing surface	Y	N
Falling unprotected to the surface	Y	N
Balance/gait difficulties, motor incoordination, ataxia: stumbling, slow/laboured movements	Y	N
Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N
Impact seizure	Y	N
High-risk mechanism of injury (sport-dependent)	Y	N

Step 2: Glasgow Coma Scale

Typically, GCS is assessed once. Additional scoring columns are provided for monitoring over time, if needed.

Time of Assessment:	
Date of Assessment:	

Best Eye Response (E)			
No eye opening	1	1	1
Eye opening to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4

Best Verbal Response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5

Best Motor Response (V)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion/withdrawal to pain	4	4	4
Localized to pain	5	5	5
Obeys commands	6	6	6

Glasgow Coma Score (E + V + M)			

Box 1: Red Flags

- Neck pain or tenderness
- Seizure or convulsion
- Double vision
- Loss of consciousness
- Weakness or tingling/burning in more than 1 arm or in the legs
- Deteriorating conscious state
- Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- GCS <15
- Visible deformity of the skull

Step 3: Cervical Spine Assessment

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed and spinal precautions taken.

Does the athlete report neck pain at rest?	Y	N
Is there tenderness to palpation?	Y	N
If NO neck pain and NO tenderness, does the athlete have a full range of ACTIVE pain free movement?	Y	N
Are limb strength and sensation normal?	Y	N

Step 4: Coordination & Ocular/Motor Screen

Coordination: Is finger-to-nose normal for both hands with eyes open and closed?	Y	N
Ocular/Motor: Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Are observed extraocular eye movements normal? If not, describe:	Y	N

Step 5: Memory Assessment Maddocks Questions[1]

Say *"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"*

Modified Maddocks questions (Modified appropriately for each sport; 1 point for each correct answer)

What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1
Maddocks Score		/5

Note: Appropriate sport-specific questions may be substituted

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British Journal of Sports Medicine

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Off-Field Assessment

Please note that the cognitive assessment should be done in a distraction-free environment with the athlete in a resting state **after** completion of the Immediate Assessment/Neuro Screen.

Step 1: Athlete Background

Has the athlete ever been:

Hospitalised for head injury? (If yes, describe below)	Y	N	Diagnosed with attention deficit hyperactivity disorder (ADHD)?	Y	N
Diagnosed/treated for headache disorder or migraine?	Y	N	Diagnosed with depression, anxiety, or other psychological disorder?	Y	N
Diagnosed with a learning disability/dyslexia?	Y	N			

Notes:

Current medications? If yes, please list:

Step 2: Symptom Evaluation

Baseline: ☐ **Suspected/Post-injury:** ☐ **Time elapsed since suspected injury:** _____ mins/hours/days

The athlete will complete the symptom scale (below) after you provide instructions. Please note that the instructions are different for baseline versus suspected/post-injury evaluations.

Baseline: Say ***"Please rate your symptoms below based on how you typically feel with "1" representing a very mild symptom and "6" representing a severe symptom."***

Suspected/Post-injury: Say ***"Please rate your symptoms below based on how you feel now with "1" representing a very mild symptom and "6" representing a severe symptom."***

PLEASE HAND THE FORM TO THE ATHLETE

Symptom	Rating
Headaches	0 1 2 3 4 5 6
Pressure in head	0 1 2 3 4 5 6
Neck pain	0 1 2 3 4 5 6
Nausea or vomiting	0 1 2 3 4 5 6
Dizziness	0 1 2 3 4 5 6
Blurred vision	0 1 2 3 4 5 6
Balance problems	0 1 2 3 4 5 6
Sensitivity to light	0 1 2 3 4 5 6
Sensitivity to noise	0 1 2 3 4 5 6
Feeling slowed down	0 1 2 3 4 5 6
Feeling like "in a fog"	0 1 2 3 4 5 6
"Don't feel right"	0 1 2 3 4 5 6
Difficulty concentrating	0 1 2 3 4 5 6
Difficulty remembering	0 1 2 3 4 5 6
Fatigue or low energy	0 1 2 3 4 5 6
Confusion	0 1 2 3 4 5 6
Drowsiness	0 1 2 3 4 5 6
More emotional	0 1 2 3 4 5 6
Irritability	0 1 2 3 4 5 6
Sadness	0 1 2 3 4 5 6
Nervous or anxious	0 1 2 3 4 5 6
Trouble falling asleep (if applicable)	0 1 2 3 4 5 6

Do your symptoms get worse with physical activity?	Y	N
Do your symptoms get worse with mental activity?	Y	N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

PLEASE HAND THE FORM BACK TO THE EXAMINER

Once the athlete has completed answering all symptom items, it may be useful for the clinician to revisit items that were endorsed positively to gather more detail about each symptom.

Total number of symptoms: _____ **of 22** **Symptom severity score:** _____ **of 132**

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Step 3: Cognitive Screening (Based on Standardized Assessment of Concussion; SAC)[2]

Orientation

What month is it?	0 1
What is the date today?	0 1
What is the day of the week?	0 1
What year is it?	0 1
What time is it right now? (within 1 hour)	0 1
Orientation Score	of 5

Immediate Memory

All 3 trials must be administered irrespective of the number correct on Trial 1. Administer at the rate of one word per second.

Trial 1: Say *"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."*

Trials 2 and 3: Say *"I am going to repeat the same list. Repeat back as many words as you can remember in any order, even if you said the word before in a previous trial."*

Word list used: A ☐ B ☐ C ☐

				Alternate Lists	
List A	Trial 1	Trial 2	Trial 3	List B	List C
Jacket	0 1	0 1	0 1	Finger	Baby
Arrow	0 1	0 1	0 1	Penny	Monkey
Pepper	0 1	0 1	0 1	Blanket	Perfume
Cotton	0 1	0 1	0 1	Lemon	Sunset
Movie	0 1	0 1	0 1	Insect	Iron
Dollar	0 1	0 1	0 1	Candle	Elbow
Honey	0 1	0 1	0 1	Paper	Apple
Mirror	0 1	0 1	0 1	Sugar	Carpet
Saddle	0 1	0 1	0 1	Sandwich	Saddle
Anchor	0 1	0 1	0 1	Wagon	Bubble
Trial Total					

Immediate Memory Score of 30 **Time Last Trial Completed:**

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Step 3: Cognitive Screening (Continued)

Concentration

Digits Backward:

Administer at the rate of one digit per second reading DOWN the selected column. If a string is completed correctly, move on to the string with next higher number of digits; if the string is completed incorrectly, use the alternate string with the same number of digits; if this is failed again, end the test.

Say ***"I'm going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7. So, if I said 9-6-8 you would say? (8-6-9)"***

Digit list used: A ☐ B ☐ C ☐

List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0 1
6-2-9	4-1-5	6-5-8	Y	N	
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0 1
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0 1
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0 1
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	
			Digits Score		of 4

Months in Reverse Order:

Say ***"Now tell me the months of the year in reverse order as QUICKLY and as accurately as possible. Start with the last month and go backward. So, you'll say December, November… go ahead"***

Start stopwatch and CIRCLE each correct response:

December November October September August July June May April March February January

Time Taken to Complete (secs): _____ **Number of Errors:** _____

1 point if no errors and completion under 30 seconds

Months Score: _____ **of 1**

Concentration Score (Digits + Months) **of 5**

Step 4: Coordination and Balance Examination

Modified Balance Error Scoring System (mBESS)[3] testing

(see detailed administration instructions)

Foot Tested: Left ☐ **Right** ☐ (i.e. test the **non-dominant** foot)

Testing Surface (hard floor, field, etc.): _____

Footwear (shoes, barefoot, braces, tape etc.): _____

OPTIONAL (depending on clinical presentation and setting resources): For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm) with the same instructions and scoring.

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Step 4: Coordination and Balance Examination (Continued)

Modified BESS (20 seconds each)

Double Leg Stance:		**of 10**
Tandem Stance:		**of 10**
Single Leg Stance:		**of 10**
Total Errors:		**of 30**

On Foam (Optional)

Double Leg Stance:		**of 10**
Tandem Stance:		**of 10**
Single Leg Stance:		**of 10**
Total Errors:		**of 30**

Note: If the **mBESS** yields normal findings then proceed to the **Tandem Gait/Dual Task Tandem Gait**.

If the **mBESS** reveals abnormal findings or clinically significant difficulties, **Tandem Gait** is not necessary at this time.

Both the **Tandem Gait** and optional **Dual Task** component may be administered later in the office setting as needed (see SCOAT6).

Timed Tandem Gait

Place a 3-metre-long line on the floor/firm surface with athletic tape. The task should be timed. Please complete all 3 trials.

Say ***"Please walk heel-to-toe quickly to the end of the tape, turn around and come back as fast as you can without separating your feet or stepping off the line."***

Single Task:

Time to Complete Tandem Gait Walking (seconds)				
Trial 1	**Trial 2**	**Trial 3**	**Average 3 Trials**	**Fastest Trial**

Dual Task Gait (Optional. Timed Tandem Gait must be completed first)

Place a 3-metre-long line on the floor/firm surface with athletic tape. The task should be timed.

Say ***"Now, while you are walking heel-to-toe, I will ask you to count backwards out loud by 7s. For example, if we started at 100, you would say 100, 93, 86, 79. Let's practise counting. Starting with 93, count backward by sevens until I say "stop"."*** Note that this practice only involves counting backwards.

Dual Task Practice: Circle correct responses; record number of subtraction counting errors.

Task									Errors	Time
Practice	93	86	79	72	65	58	51	44		

Say ***"Good. Now I will ask you to walk heel-to-toe and count backwards out loud at the same time. Are you ready? The number to start with is 88. Go!"***

Dual Task Cognitive Performance: Circle correct responses; record number of subtraction counting errors.

Task													Errors	Time (circle fastest)
Trial 1	88	81	74	67	60	53	46	39	32	25	18	11	4		
Trial 2	90	83	76	69	62	55	48	41	34	27	20	13	6		
Trial 3	98	91	84	77	70	63	56	49	42	35	28	21	14		

Alternate double number starting integers may be used and recorded below.

Starting Integer: **Errors:** **Time:**

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Step 4: Coordination and Balance Examination (Continued)

Were any single- or dual-task, timed tandem gait trials not completed due to walking errors or other reasons?

Yes ☐ **No** ☐

If yes, please explain why:

Step 5: Delayed Recall

The Delayed Recall should be performed after **at least 5 minutes** have elapsed since the end of the Immediate Memory section: **Score 1 point for each correct response.**

Say ***"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."***

Time started:

Word list used: **A** ☐ **B** ☐ **C** ☐

		Alternate Lists	
List A	**Score**	**List B**	**List C**
Jacket	0 1	Finger	Baby
Arrow	0 1	Penny	Monkey
Pepper	0 1	Blanket	Perfume
Cotton	0 1	Lemon	Sunset
Movie	0 1	Insect	Iron
Dollar	0 1	Candle	Elbow
Honey	0 1	Paper	Apple
Mirror	0 1	Sugar	Carpet
Saddle	0 1	Sandwich	Saddle
Anchor	0 1	Wagon	Bubble
Delayed Recall Score	of 10		

Total Cognitive Score

Orientation:		**of 5**
Immediate Memory:		**of 30**
Concentration:		**of 5**
Delayed Recall:		**of 10**
Total:		**of 50**

If the athlete was known to you prior to their injury, are they different from their usual self?

Yes ☐ **No** ☐ **Not applicable** ☐ (If different, describe why In the clinical notes section)

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Step 6: Decision

Domain	Date:	Date:	Date:
Neurological Exam (Acute Injury evaluation only)	Normal/Abnormal	Normal/Abnormal	Normal/Abnormal
Symptom number (of 22)			
Symptom Severity (of 132)			
Orientation (of 5)			
Immediate Memory (of 30)			
Concentration (of 5)			
Delayed Recall (of 10)			
Cognitive Total Score (of 50)			
mBESS Total Errors (of 30)			
Tandem Gait fastest time			
Dual Task fastest time			

Disposition

Concussion diagnosed?

Yes ☐ **No** ☐ **Deferred** ☐

Health Care Professional Attestation

I am an HCP and I have personally administered or supervised the administration of this SCAT6.

Name:

Signature: **Title/Speciality:**

Registration/License number (if applicable): **Date:**

Additional Clinical Notes

Note: Scoring on the SCAT6 should not be used as a stand-alone method to diagnose concussion, measure recovery, or make decisions about an athlete's readiness to return to sport after concussion. Remember: An athlete can score within normal limits on the SCAT6 and still have a concussion.

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Coaches / CMT Reporting Form

St. Charles Center
for ORTHOPEDICS & NEUROSURGERY

Coaches Concussion Report

Name:_____ Date of Birth _____ Current Time:_____

Team:_____ Date of Injury:_____

Time of Injury:_____ Parent Name/Phone:_____

Describe injury details:_____

_____

- Any athlete who experiences one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion and should be immediately removed from practice or game.
- Athlete is not allowed to return to play/practice until they have been evaluated by a health care professional and cleared for return to activity.

Danger Signs: *If any are present, seek immediate medical attention, call 911*

One pupil larger than the other	Loses consciousness
Repeated vomiting	Cannot recognize people or places
Slurred Speech	Has unusual behavior
Convulsions or seizures	Drowsy and cannot be awakened

Symptoms Reported by Athlete (Check all that apply)

☐ Headache or "pressure" in head	☐ Concentration or memory problems
☐ Nausea or vomiting	☐ Feeling sluggish, hazy, foggy
☐ Balance problems or dizziness	☐ Confusion
☐ Double or blurry vision	☐ Does not feel "right"
☐ Sensitivity to light/noise	☐ Other:

Signs Observed by Coaching Staff (Check all that apply)

☐ Appears dazed or stunned	☐ Can't recall events prior to injury
☐ Forgets plays	☐ Can't recall events after injury
☐ Moves clumsily	☐ Answers questions slowly (days of the week etc.)
☐ Loses consciousness	☐ Shows behavior changes
☐ Is confused about plays	☐ Is unsure of game, score, opponent

Completed by:_____Signature:_____

Contact parent/guardian of the injured athlete and provide this completed form.
Continue to monitor athlete until under the care of parent/guardian

What should I do if I suspect a concussion?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond follow the CDC's "Heads Up" four-step action plan,

1. **Remove** the athlete from play.
2. **Ensure** athlete is evaluated by an appropriate health care professional.
3. **Inform** the athlete's parent or guardian.
4. **Keep** the athlete out of play.

Follow up care instructions:

- If any symptoms are getting worse seek higher medical attention right away.
- Acetaminophen (Tylenol) is the only pain reliever that should be given for a concussion related headache; avoid ibuprofen (Advil, Motrin) & aspirin for the first 3 days.
- High risk physical activity should be avoided until all symptoms have resolved; low intensity activity as tolerated after 48-72hrs of relative rest.
- Athlete should initially avoid TV, excessive reading, movies, computer use, tablet use, and texting since these activities may worsen symptoms.
- Your athlete must be seen by a primary care physician or concussion specialist before returning to sports or other activities with risk for head injury.

To be seen by a Concussion Specialist at the St. Charles Center for Orthopedics and Neurosurgery call 541-382-3344.

For additional information on concussions, see below resources:

St. Charles Concussion Resources www.stcharleshealthcare.org/services/center-orthopedics-and-neurosurgery/concussion-center
CDC "Heads Up" www.cdc.gov/headsup
The Center on Brain Injury Research and Training https://cbirt.org
SWAY Concussion Testing www.swaymedical.com
ImPACT Concussion Testing www.impacttest.com

Authorization to Use and/or Disclose Information Form

Authorization to Use and/or Disclose Information
Educational and Protected Health Information
Bend-La Pine Schools

520 NW Wall Street, Bend, OR 97703 / 541-355-1000

Date:

Dear: _____
Parent/Guardian or student if 18 years or older

Bend-La Pine Schools would like permission to exchange confidential information regarding:

Student's Legal Name: Birthdate Current School / Grade

Records will be reviewed for the purpose(s) of: _____

_____

Confidential information will be released and/or exchanged between:

School or Agency: (If appropriate)

&

Bend-La Pine Schools / School or Department:

Name:		Name:
Address:		Address:
City:	State: Zip:	City: State: Zip:

I understand that the information to be released / exchanged may include:

PROGRESS RECORDS: Transcripts of grades and courses, attendance records, tests relating specifically to achievement or measurement of performance ability, and health records.

____ BEHAVIORAL RECORDS: Psychological (intelligence) tests, personality evaluations, records of conversations and written transcripts of incidents relating specially to student behavior.

____ SPECIAL EDUCATION RECORDS: Any IEPs, progress or behavioral records relating to the provision of Special Education and medical records.

OTHER: (MDT evaluations, agency reports, etc.):

I further understand that confidential information will not be shared with agencies or individuals without my written permission. My consent is voluntary and unless revoked shall stand as valid for one year from the date of my signature.

____ Yes, I give consent _____ _____
Signature Relationship to Student (self, if 18 or older) Date

No, I do not consent
Signature Relationship to Student (self, if 18 or older) Date

Please return this form to: _____ at _____

Reference: JO-AR
Revised 1/2017

OSAA Return to Participation Medical Release Form

Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070
503.682.6722 http://www.osaa.org

School Fax: _____

School Email: _____

MEDICAL RELEASE – RETURN TO PARTICIPATION FOLLOWING A CONCUSSION

Athlete's Name: _____ **Date of Birth:** ___/___/___ **School/Grade:** _____

This section to be completed by school official, coach, athletic trainer or parent.

Date of Injury: ____ / ____ / ____ **Sport/ Injury Details:** _____

At this time, the athlete is:
- ☐ symptom-free at rest
- ☐ NOT symptom-free at rest
- ☐ symptom-free at exertion
- ☐ NOT symptom-free at exertion
- ☐ scoring within a normal range on ImPACT
- ☐ NOT scoring within a normal range on ImPACT

If ImPACT test used, please attach baseline and post-concussive report with percentiles. Passport ID: _____

For a list of common concussion symptoms and management recommendations, see www.osaa.org/health-safety/concussion.

Comments: _____

Completed by (Printed name): _____ Signature: _____ Date: _____

☐ Athletic Trainer ☐ Coach ☐ Athletic Director ☐ Other: _____

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by **ORS 336.485, ORS 417.875** before returning to participation.

1. Symptom-Limited Activity: Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
2. Light Aerobic Exercise: Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. Sport Specific Exercise: Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. Non-Contact Training: More complex drills in full equipment. Weight training or resistance training may begin.

**Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.

5. Full-Contact Practice: Participate in normal full-contact training activities.
6. Unrestricted Return-to-Participation / Full Competition: Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

This section to be completed by Physician/*Qualified* Health Care Professional:

☐ Athlete may NOT return to any sport activity including school PE until medically cleared.

☐ Athlete should remain home from school to rest and recover with a projected return to school date _____.

☐ Please allow classroom accommodations, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Please use OSAA / CBIRT adopted form **Medical Release – Return-to-Learn Following a Concussion** ***http://www.osaa.org/docs/forms/***

Additional Recommendations: _____

☐ Athlete may begin graduated return-to-participation at step circled above. If symptom free at rest and with graded exertion, can progress as above.

☐ Athlete is now cleared for full contact practice/play: symptom free at rest and exertion and has completed a graduated return-to-participation protocol.

Return-to-Participation Date: _____ Comments: _____

Physician/Qualified Health Care Professional Signature: _____ Date: _____

Physician/Qualified Health Care Professional Name/Title: _____ Phone: _____

Attestation: I am returning this athlete to participate in accordance with these statutes **ORS 336.485, ORS 417.875, ORS 336.490** as a Qualified Health Care Professional. These statutes require athletes be cleared by one of these Oregon qualified health care professionals: MD, DO, DC, ND, NP, PA, PT, OT or Psychologist. Before signing any Return-to-Participation forms, course completion certificates must be obtained by all DC, ND, PT and OT and after July 1, 2021 by all NP, PA and Psychologists. For other than MD / DO, I certify that I have completed the Oregon Concussion Return-to-Play Education: ***https://www.ohsu.edu/school-of-medicine/cpd/return-play***.

The Oregon School Activities Association's (OSAA) Sports Medicine Advisory Committee has developed a medical release form for athletes to return to participation following a concussion. The committee reviewed extensively the literature available on concussions in sport. No definitive data exists that allow us to absolutely predict when an athlete with a concussion can safely return to participation. We have found significant differences that exist among physicians across the state relating to when an athlete is permitted to return to participation following a concussion.

The OSAA and the Sports Medicine Advisory Committee agree that the guidelines presented on this form represent a summary consensus of the literature. We do not intend to dictate to professionals how to practice medicine and the information on this form is not meant to establish a standard of care. The committee feels that the components of the form are very relevant to addressing the concerns of coaches, parents, athletes, and medical providers that lead to the research into this subject and to the development of this form. The form also provides a clear written document to help athletes, families, medical providers and school districts comply with state law.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect athletes from further harm. Young athletes appear to be particularly vulnerable to the effects of concussion. They are more likely than older students to experience problems after concussion and often take longer to recover. Teenagers, in particular, appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. The importance of proper recognition and management of concussed young athletes cannot be over-emphasized.
2. Allow athletes to participate as soon as it is reasonably safe for them to do so.
3. Establish statewide guidelines regarding concussion management and return-to-participation criteria to minimize differences in management among medical providers who are signing "return-to-participation" forms. The consistent use of these guidelines is intended to minimize the risks associated with a high school athlete returning to participate before fully recovered from a concussion.
4. Provide a basis to support medical decisions in regard to when an athlete may or may not participate. This will help support the medical decision when an athlete faces incredible pressure from many fronts to return to participation before fully recovered.
5. Follow a common process for athletes, families, health care providers and schools to comply with Oregon statutes requiring all concussed athletes to be cleared by a Qualified Health Care Professional (MD-Medical Doctor, DO-Osteopathic Doctor, DC-Chiropractic Doctor, ND-Naturopathic Doctor, NP-Nurse Practitioner, PA-Physician Assistant, PT-Physical Therapist, OT-Occupational Therapist or Psychologist).

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements and return-to-participation progression recommendations so athletes, families, coaches, school officials and health care professionals will all understand that athletes must be symptom-free at rest and with exertion and complete a graduated return-to-participation protocol. Returning athletes at an arbitrary date following a concussion is not a option.
2. Providing sections to clearly state the athlete's name, the Return-to-Participation Date and the Qualified Health Care Professional providing clearance for return-to-participation should help reduce liability from a school returning an athlete to participate without formal clearance. If a return-to-participation is questioned, the school can easily keep athletes safe and comply with state law by requiring that an athlete provide a fully completed medical release form stating when the athlete can return-to-participate.
3. Recommendations for classroom accommodations to address educational needs of students while their brain injury recovers. Please use OSAA / CBIRT adopted form **Medical Release – Return-to-Learn Following a Concussion** or see CBIRT website ***https://cbirt.org***.

Note to Health Care Professionals: Please read " Consensus Statement on Concussion in Sport –The 5th International Conference on Concussion in Sport" ***https://bjsm.bmj.com/content/51/11/838*** and SCAT5 ***https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf*** These documents summarize the most current research and treatment techniques in head injuries. The most noteworthy items to come from these conferences are the addition of a standardized evaluation, an earlier return to light activity, recommended academic accommodations and standardized return-to-participation guidelines. *All DC, ND, PT and OT and, after July 1, 2021 , all NP, PA and Psychologists who want to become a Qualified Health Care Professional must complete this online course: ***www.ohsu.edu/school-of-medicine/cpd/return-play***.

Note: ImPACT stands for **Im**mediate **P**ost-Concussion **A**ssessment and **C**ognitive **T**est. It is sophisticated software developed to help sports medicine clinicians evaluate recovery following concussion. ImPACT evaluates multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. ***The OSAA Foundation has a relationship with ImPACT that helps reduce the cost for member schools to access the program.*** For information on implementing a baseline-testing program, see OSAA program: ***http://www.osaafoundation.org/impact/*** ***Member schools establish their own testing protocols and are not required to utilize the ImPACT program.***

Note: Athletic Trainers (ATs) are important to the identification and management of concussions in schools. In Oregon, ATs can evaluate and return athletes to participation the same day if they determine the athlete does not have a concussion. Also, ATs can implement return-to-participation progression in coordination with a qualified health care professional. In 1990, the AMA recognized the certified athletic trainer as an allied health care professional. In 1998, a resolution passed urging all schools to provide the services of a certified athletic trainer for student-athletes (AMA Resolution 431, A-97). For more information on athletic trainers, contact Oregon Athletic Trainers' Society via their website: ***http://oatswebsite.org***.

This form may be reproduced, if desired. In addition, the OSAA Sports Medicine Advisory Committee would welcome comments for inclusion in future versions, as this will continue to be a work in progress.

Concussion Temporary Accommodations Plan Form



School: _____

Mild TBI/Concussion Temporary Accommodations Plan

These are recommendations and over time may need to be adjusted through the school Concussion Management Team.
If any questions or concerns please call your provider.

Patient name: _____ DOB: _____

Current symptoms: □ Headaches □ Difficulty remembering □ Difficulty concentrating □ Sensitivity to light □ Fatigue □ Decreased attention
□Other:_____

Physician Name: Phone: Physician Signature: _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date: _____

□ **These Are Initial Recommendations** □ **These Are Follow-Up Recommendations**

Area	Requested Accommodations	Comments/ Clarifications
Attendance	□ No School until _____ □ Partial School day as tolerated by student □ Full school day as tolerated by student	
Breaks	□ If symptoms appear/worsen, allow student to go to quiet area or nurse's office; if no improvement after 30 min allow dismissal to home □ Water bottle in class / snack every 3-4 hours as needed □ Allow breaks during the day as needed by student or school personnel	
Visual Stimulus	□ Limit iPad use □ Limited computer, TV screen, bright screen use □ Allow handwritten assignments or more instructions for homework □ Allow student to wear sunglasses/hat in school, seat student away from windows and bright lights □ Change classroom seating to front of room as necessary	
Auditory Stimulus	□ Avoid loud classroom activities and/or classes (i.e. band, shop, choir) □ Lunch in a quiet place with a friend □ Allow student to wear earplugs as needed □ Allow class transitions before bell	
School Work	□ Simplify tasks □ Reduce overall amount of in-class work or homework to essentials. □ No homework □ Extra tutoring/assistance requested □ May begin make-up of essential work (critical tasks only, consider alternative ways for student to demonstrate knowledge) □ Provide extended time to complete assignments and/or shortened assignments	
Testing	□ No or limited testing during recovery periods (midterms, finals, standardized, unit tests) until student is cleared. □ Additional time/untimed testing □ No more than one test a day □ Provide extended time to take tests in a quiet environment (do not mark if student is deferred from test taking)	
Emotional Development Plan	□ Develop an emotional support plan for the student (may include an adult with whom the student can talk, if feeling overwhelmed)	
Physical Activity	□ No physical exertion/athletics/gym/recess □ Walking in PE/recess only □ May begin return to play (see OSAA form)	
Extracurricular Activities	□ Ok to participate in school dances □ Ok to attend school/sporting events/field trips (Please specify) □ Other (Please specify)	

Parents: Make sure to show this form to your concussion management team. Review as needed with RN or concussion management team. Your Concussion Management Team may consist of Athletic trainer, RN, educational supervisor and/or school counselor.