



# Brazoswood High School

Department of Athletic Training

## Concussion Information Sheet

### 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 creating chemical changes in the brain and sometimes damaging brain cells.

### 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	Concussion Symptoms Reported
<ul style="list-style-type: none"><li>• Can’t recall events prior to or after a hit or fall.</li><li>• Appears dazed or stunned.</li><li>• Forgets an instruction; is confused about an assignment or position.</li><li>• Moves clumsily.</li><li>• Answer questions slowly.</li><li>• Loses consciousness.</li><li>• Shows mood, behavior, or personality changes.</li></ul>	<ul style="list-style-type: none"><li>• Headache or “pressure” in head.</li><li>• Nausea or vomiting.</li><li>• Balance problems, dizziness or double and/or blurry vision.</li><li>• Bothered by light or noise.</li><li>• Feeling sluggish, hazy, foggy or groggy.</li><li>• Confusion; concentration or memory problems.</li><li>• Just not “feeling right” or “feeling down”</li></ul>

Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days.

### Healing From Concussion

A brain recovering from concussion needs time to heal. Your child may need to limit activities while she or he is recovering from a concussion. Exercising or activities that involve a lot of concentration may exacerbate concussion symptoms. Refer to the Activity Restriction page for more information on good practices to encourage your child to take the time for their brain to heal.

As your child’s symptoms decrease, more physical and cognitive activities can resume in their daily lives. Contact the Athletic Trainer if any questions arise in the care of your child.





**Brazoswood High School**  
Department of Athletic Training  
**DANGER SIGNS AND SYMPTOMS**

To the parent / guardian of: \_\_\_\_\_ Date: \_\_\_\_\_

Your child has been evaluated and has sustained an injury assessed as a possible concussion. Your son/daughter has been removed from athletic participation based on this evaluation. Be alert for signs and symptoms that worsen over time. Your child should be seen in an emergency room right away if he/she has:

- One pupil is larger than the other
- Drowsiness or cannot be awakened
- Headache that gets worse and does not go away
- Weakness, numbness or decreased coordination
- Repeated vomiting
- Slurred speech, blurry vision, shallow breathing
- Convulsions or seizures
- Increasing confusion, restlessness, agitation, worsening mental status/changes in behavior
- Loss of consciousness
- Clear fluid or blood draining from the ears or nose

According to Texas State Law, your son/daughter may not return to play until the following are Completed:

- 1) The student-athlete must be evaluated by a physician of the parent/guardian's choosing
- 2) Clearance by the Athletic Trainer after successful completion of the Return-to-Play Protocol including Stages of Exertion
- 3) Clearance by the physician
- 4) The enclosed UIL Return to Play Form must be signed and returned after completing the above steps

If you have any questions / concerns, please contact:

Athletic Trainer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (979) 730-7305



## **Brazoswood High School**

### **Department of Athletic Training Activity Restrictions**

Athlete's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Certain activities can lengthen the time it takes to fully recover from concussion. Treatment for concussion varies from one person to the next. Immediately after a concussion, the best treatment is physical and cognitive rest. If you begin to notice symptoms, stop what you are doing and rest. Please do the following at home to assist in the recovery of concussion at home:

- Avoid physical activity
- Avoid being exposed to loud noises or bright lights
- Limit use of electronic devices (computers, video games, television, smartphones, etc.)
- Avoid highly caffeinated beverages such as coffee, soda or energy drinks
- Avoid alcoholic beverages
- Avoid driving while symptomatic
  
- DO drink plenty of water and eat regular meals
- DO limit cognitive functioning (schoolwork, thinking tasks, etc.) if symptomatic
- Rest as needed throughout the day but avoid long naps that will disrupt a full night's sleep
- DO ensure a full night's sleep each day
- DO monitor symptoms for worsening

Contact the Brazoswood Athletic Trainers with any questions or concerns:

Athletic training room office: (979) 730-7305

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## Brazoswood High School

Department of Athletic Training

### LETTER TO PHYSICIAN

Dear Physician,

\_\_\_\_\_ sustained a head injury on \_\_\_\_\_ and is believed to have a concussion. This patient is an interscholastic athlete who is governed by the Texas Concussion Law/Natasha's Law H.B. 2038. The requirements for the student to return to athletic participation are an evaluation and clearance by a physician, clearance by the school's athletic training department following completion of a concussion protocol including stages of exertion and written acknowledgement of completion of the concussion protocol by the athlete and parent or guardian.

The athlete will progress through the Stages of Exertion under the supervision of the school's athletic trainer. Below is the outline of the stages of exertion.

Stage 1	Symptom limited activity	Daily activities that do not provoke symptoms
Stage 2	Light aerobic activity	Walking or stationary cycling at slow to medium pace
Stage 3	Sport specific exercise	Running/agility drills
Stage 4	Non-contact training drills	Harder or heavy exertion training drills. May start progressive resistance training.
Stage 5	Full contact practice	Participate in normal training activities/practice
Stage 6	Return to sport	Normal game play

The Concussion Law does not stipulate at which point after the injury a physician should clear an athlete to return to play. A physician may clear an athlete at the initial visit, pending completion of the supervised stages of exertion or withhold clearance until the follow-up visit after completing the stages of exertion. At your request, the Athletic Trainer who is overseeing the stages of exertion can communicate with you after the athlete's successful completion.

Name of Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**Brazoswood High School**  
Department of Athletic Training  
**POST-CONCUSSION PHYSICIAN'S RELEASE**

Patient's Name: \_\_\_\_\_

The student named above is cleared for a complete return to full contact sport participation:

- ☐ as of (Date) \_\_\_\_\_
- ☐ after completing the Concussion Return to Play Protocol including stages of exertion without recurrence of signs or symptoms.

The student is instructed to stop participation immediately and notify the Athletic Training Department or a Coach should their symptoms return.

Printed name of Physician: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Date: \_\_\_\_\_



## Brazoswood High School

Department of Athletic Training

Concussion Return to Play Form

Athlete's Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

- After a brief period of rest, symptom limited activity can begin.
- Progression continues at 24 hour intervals as long as the student-athlete is symptom free at each level.
- If the student-athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed healthcare professional.

### STAGES OF EXERTION

Date	AT Initial	Aim	Activity
		Symptom limited activity	Daily activities that do not provoke symptoms
		Light aerobic activity	Walking or stationary cycling at slow to medium pace
		Sport specific exercise	Running/agility drills
		Non-contact training drills	Harder or heavy exertion training drills. May start progressive resistance training.
		Full contact practice	Participate in normal training activities/practice
		Return to sport	Normal game play

I am a licensed healthcare professional responsible for overseeing the return-to-play protocol. I attest the student-athlete has successfully completed each requirement of the return to play protocol necessary for the athlete to safely resume participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Post- exercise symptom checklist

Please place a check in the appropriate box any of the following symptoms you experienced during school or with the exercise you completed that day.

ATHLETE'S NAME: \_\_\_\_\_

SPORT: \_\_\_\_\_

Stage												
Date												
Symptom	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Fatigue												
Trouble concentrating												
Trouble remembering												
Drowsiness												
Feeling "in a fog"												
Brain feels slowed down												
Balance problems												
Blurry vision												
Dizziness												
Headache												
Nausea or vomiting												
Neck pain												
Mental foginess												
Sensitivity to light												
Sensitivity to noise												
More irritable												
Visual problems												
Student initials												

This athlete has completed the school district's return to play protocol for his/her sport. To the best of my knowledge, the student is symptom free at rest and did not experience any return of symptoms while progressing through the various phases of activity.

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Athlete*

\_\_\_\_\_

*Athletic Trainer or Coach (Print name)*

\_\_\_\_\_

*Signature of Athletic Trainer or Coach*







# Concussion Management Protocol Return to Play Form

*This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).*

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*School Name (please Print)*

## **Designated school district official verifies:**

*Please Check*

- ☐ The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- ☐ The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- ☐ The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

\_\_\_\_\_  
*School Individual Signature*

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

\_\_\_\_\_  
*School Individual Name (Please Print)*

## **Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:**

*Please Check*

- ☐ Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- ☐ Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- ☐ Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.

Understands the immunity provisions under Section 38.159 of the Texas Education Code.

*Parent/Responsible Decision-Maker Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Parent/Responsible Decision-Maker Name (Please Print) :* \_\_\_\_\_