

Conroe ISD Parental Notice and Physician Release Form

To be completed by District:

Athlete _____

Sport _____

Date of injury _____ Time of injury _____

Activity supervisor _____

Witness (check): ☐ Yes ☐ No

Explanation of injury and location:

To Parent/Guardian:

State law requires that a student believed to have sustained a concussion must be immediately removed from practice/competition and cannot participate in the activity until the student's treating physician evaluates the student, the parent/guardian provides the District with a written statement from the physician that the student can return to play, and the student completes the Return-to-Play Protocol. This same law also requires that before the student can play, the parents must give written consent for their student to return to play.

The physician must complete and sign this form or send written instructions and you must return it to school before your child will be able to participate. Your signature authorizes a District licensed athletic trainer or nurse to contact your child's physician to discuss issues related to your child's injury and to disclose information from your child's physician to appropriate school personnel.

Parent/Guardian's name (print):

Signature

Date

To be completed by the student's treating physician:

The athlete named to the left may have sustained a concussion and has been removed from practice/play as required by state law. The student may not return to practice/play until the student has seen a physician of his/her choice and the physician and the student's parent/guardian indicate in writing that the student can return to play. Once the treating physician releases the student to return to play, the student will be required to complete the Return-to-Play Protocol before full unrestricted participation is allowed.

After your evaluation, please check the appropriate blank.

- ☐ Athlete is cleared to begin the required Return-to-Play Protocol. Once the athlete completes the protocol, the athlete is cleared for full participation.
- ☐ Athlete is cleared to begin the required Return-to-Play Protocol. Once the athlete completes the protocol, they must return to my office for re-evaluation before being cleared for full participation.
- ☐ Athlete is not cleared. Athlete must return to my office on _____ for further evaluation.

Physician's name printed

Physician's signature

Office phone number

Date

Return-to-Play Protocol No exertional physical activity until student-athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury.

- o **Step 1:** Light aerobic exercise with no resistance training as outlined in the UIL Implementation Guide
- o **Step 2:** Moderate aerobic exercise as outlined in the UIL Implementation Guide
- o **Step 3:** Non-contact training drills with resistance training as outlined in the UIL Implementation Guide
- o **Step 4:** Full contact practice or training drills as outlined in the UIL Implementation Guide
- o **Step 5:** Full game play as outlined in the UIL Implementation Guide after the parent has signed/completed the UIL Return-to-Play Form
- o Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the previous activity level.



The Conroe Independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding these non-discrimination policies:

Title IX Coordinator, 3205 W. Davis, Conroe, Texas 77304; (936)-709-7700 and the Section 504/ADA Coordinator, 3205 W. Davis, Conroe, Texas 77304; (936) 709-7670.



Conroe ISD Concussion Checklist

Athlete's name _____ Grade _____

Date of injury _____ Time of injury _____ Sport/Coach _____

☐ Parent Information/Signature _____

☐ Treating Physician Clearance _____

Physician's name _____

Date seen _____ Date for release to progression _____

Progression (initial and date)			
Phase 1	24-hour symptom free	Initial _____ Date _____	<input type="checkbox"/> licensed athletic trainer OR <input type="checkbox"/> nurse
	Step 1*: 5-10 min cardio	Initial _____ Date _____	<input type="checkbox"/> licensed athletic trainer OR <input type="checkbox"/> nurse
Phase 2	Step 2*: 15-20 min cardio	Initial _____ Date _____	<input type="checkbox"/> licensed athletic trainer OR <input type="checkbox"/> nurse
	Step 3: non-contact drills, weights	Initial _____ Date _____	<input type="checkbox"/> licensed athletic trainer <input type="checkbox"/> coach
UIL Return to Play form completed before Phase 4			
Phase 2	Step 4: full contact practice	Initial _____ Date _____	<input type="checkbox"/> licensed athletic trainer <input type="checkbox"/> coach
	Step 5: full game play	Initial _____ Date _____	<input type="checkbox"/> licensed athletic trainer <input type="checkbox"/> coach

The above athlete has completed the **UIL Return to Play Protocol** and is symptom free.

Coach _____ Signature _____ Date _____

Supervising licensed trainer/nurse _____ Signature _____ Date _____

- * Examples of acceptable cardio exercises include: Sit ups, pushups, jumping jacks, running in place or in the hall
- * No weight lifting, resistance training, or any other exercise
- * No extra equipment may be worn

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Dear Parent or Guardian:

Your child sustained a head injury while participating in a school activity. It is important for your child to check in with the nurse/licensed athletic trainer before he/she goes to class after their injury.

Please be observant for the following signs and symptoms:

- Headache that increases in intensity*
- Nausea and vomiting*
- Difference in pupil size from right to left eye, dilated pupils*
- Mental confusion/behavior changes, dizziness, memory loss, ringing in the ears
- Changes in gait or balance
- Blurry or double vision*
- Slurred speech*
- Noticeable changes in level of consciousness
(*difficulty awakening or loss of consciousness suddenly*)*
- Seizure activity*
- Decreased or irregular pulse or respirations*

** Seek medical attention at the nearest emergency room*

The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your child. If you have any question or concern about the symptoms that you are observing, contact your family physician or go to the emergency room. The chart on the right may be helpful in knowing what to do if your child is suspected of having suffered a concussion.

It is OK to:

- Use acetaminophen (*Tylenol*) for headaches
- Use ice pack on head & neck as needed for comfort
- Eat a light diet
- Go to sleep
- Rest (*no strenuous activity or sports*)

There is NO need to:

- Check eyes with a flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

Do NOT:

- Drink alcohol
- Drive while symptomatic
- Exercise or lift weights
- Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications