

To the parent/guardian of _____ Date: _____

Your son/daughter has been evaluated and has sustained an injury assessed as a concussion. Your child has been removed from athletic participation based on this evaluation.

A concussion is a type of brain injury that changes the way the brain normally works and is caused by a bump, blow, or jolt to the head. After an athlete sustains a concussion, his/her brain needs time to heal. Physical and mental rest is the most important treatment after the concussion. Physical rest has already begun by removing your child from athletic participation. Mental rest is accomplished by avoiding activities that increase symptoms such as reading, texting and playing video/computer games. The following are symptoms your child may experience or signs you may observe:

Headache or pressure in the head	Loss of consciousness	Does not feel right
Nausea or vomiting	Repeats questions	Confused about events
Dizziness or balance problems	Looks dazed or stunned	Difficulty thinking clearly
Feeling tired	Answers questions slowly	Difficulty concentrating
Blurred or double vision	Can't recall event prior to injury	Difficulty remembering
Sensitivity to light or noise	Can't recall events after injury	Feeling sluggish, foggy, hazy
Numbness or tingling	Shows behavior or personality changes	More emotional or nervous than usual

Be alert for signs and symptoms that worsen over time. **Your child should be seen in an emergency room right away** if s/he has:

- Loss of Consciousness
- Headache that worsens with time
- Slurred speech
- Extreme drowsiness or cannot be awakened
- Repeated vomiting or nausea
- Difficulty recognizing people or places
- Weakness or numbness
- Convulsions or seizures
- One pupil is larger than the other
- Increasing confusion, restlessness or agitation

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

- The student athlete must be evaluated by a physician. This includes physicians at the Concussion Center, Emergency Room and your Primary Care Provider.
- Clearance by the Athletic Trainer after successful completion of the return-to-play protocol including stages of exertion.
- Clearance by the physician.
- An acknowledgment form must be signed by you and your child after obtaining a physician's clearance and successful completion of the return-to-play protocol.

If you have any questions or concerns please contact:

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Dear Physician,

_____ (name of patient) has been assessed to have a concussion on _____ (date of injury). This patient is an interscholastic athlete who is governed by the concussion law. The requirements for the student to return to athletic participation are an evaluation and clearance by a physician, clearance by the school's athletic trainer after completion of the stages of exertion, and a written acknowledgment by the parent/guardian.

The athlete will progress through stages of exertion under the supervision the school's athletic trainer. Below is the outline of the stages of exertion. No activity will begin until asymptomatic at rest for 1-3 consecutive days without medication.

- Stage 1: 1-2 days light aerobic activity (12-15 Minutes)
- Stage 2: 1-2 days of moderate aerobic activity (20-25 minutes)
- Stage 3: 1-2 days heavy exertion without contact (> 30 minutes)
- Stage 4: 1-2 days practice
- Stage 5: 1-2 days full practice

The 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 the completion of the supervised stages of exertion; or withhold clearance until the follow-up visit after completion of 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.

If you have any questions, please feel free to contact any of the athletic trainers listed below who will be overseeing the stages of exertion of the patient.

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Permission to Return to Activity

Patient Name: _____

This athlete named above is cleared for a complete return to full sport participation after completing the concussion return-to-play protocol, including stages of exertion, without recurrence signs or symptoms.

The athlete is instructed to stop participation immediately and notify the athletic trainer or coach should his/her symptoms return.

Signature of Physician: _____

Printed Name of Physician: _____

Address of Clinic: _____

Phone Number: _____

Date: _____

SPORTS
MEDICINE

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Activity Recommendations

Athlete's Name: _____ Date of Injury: _____

Certain activities can lengthen the time it takes to fully recover from concussion. In order to recover faster, resume sports participation sooner and return to your normal daily activities, please do the following:

- Get mental and physical rest. There is no need to wake up every hour. Sleep is very important.
- Take acetaminophen for pain in the first 48 hours. After that, you can take aspirin, ibuprofen or naproxen as well. Ice packs on your neck can also ease pain.
- Refrain from texting – ok to use voice activated smart phone texting (i.e. Siri on iPhones)
- Refrain from online games and video games such as Gameboy, X-box, Play Station, etc.
- Refrain from listening to loud music and using ear buds
- Avoid viewing electronic screens (TV, phone or computer) in the dark. Also, decrease brightness settings on those screens.
- Decrease the use of overhead lighting. Use dim task lighting to illuminate rooms.
- Take an Omega 3 supplement as directed
- Eat regularly scheduled meals and maintain proper fluid intake
- Decrease intake of cheese
- Decrease caffeine intake in food and drinks (i.e. soda, tea, coffee, chocolate)
- Avoid citrus fruit and juices
- Avoid alcoholic beverages
- Avoid any activity that reproduces your concussion symptoms (headache, dizziness, sleepiness, nausea, vomiting, feeling unbalanced, etc.)

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