

HEAD INJURY POLICY GUIDELINES



Removal of Injured Students

A concussion is the most common type of traumatic head injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as the result of a blow to the head or body. **Any student suspected of sustaining a concussion or traumatic head injury shall be immediately removed from any activity, including but not limited to sporting events,** as that term is defined under Utah law, including interscholastic or intramural games, practices, sports camps, competitions, and tryouts for school sanctioned sports, club sports, cheerleading, dance, or other activities where injuries are likely to occur. Schools will abide by the rule: "When in doubt, sit'em out." For information on concussions or traumatic head injuries, including management guidelines for the first 24 hours after an injury, visit: <http://www.cdc.gov/headsup/basics/index.html>

A student or athlete shall be suspected of suffering a concussion or traumatic head injury if any of the following symptoms are observed or self-reported after receiving blunt trauma, an acceleration force, or a deceleration force: (a) transient confusion, disorientation, or impaired consciousness; (b) dysfunction of memory; (c) loss of consciousness; and/or (d) signs of other neurological or neuropsychological dysfunction, including: seizures, irritability, lethargy, vomiting, headache, dizziness, and/or fatigue/excessive drowsiness, inability to focus, headache, visual disturbances, including light sensitivity, blurry vision, or double vision, disequilibrium, feeling in a fog, vacant stare, emotional lability, slurred or incoherent speech.

Typical signs and indicators include: (a) short-term memory problems (forgets plays); (b) difficulties with balance or coordination; (c) slow or inaccurate responses; (d) double vision or changes in vision; (e) sensitivity to light or sound/noise; (f) sluggishness or fogginess; (g) lack of concentration; (h) vacant stare or befuddled facial expression; (i) delayed verbal and motor responses (slow to answer questions or follow instructions); (j) confusion or inability to focus; (k) disorientation; (l) disjointed or incomprehensible speech; (m) disproportionate emotional reactions (crying for no apparent reason); (n) memory deficits (inability to memorize and recall three words or three objects in five minutes); and/or (o) any period of loss of consciousness.

Return to Play

A student's return to play in sporting events after a concussion or traumatic head injury is a medical determination, and a student or athlete must obtain proper medical clearance before he or she is allowed to return to play in any sporting event. Parents are encouraged to coordinate a student's progression back to full activity with a qualified health care professional, athletic directors, coaches, and staff. Factors that may affect a student or athlete's rate of progression include: previous history of concussion, duration and type of symptoms, age, and the sport or activity in which the student or athlete participates. A student or athlete with a prior history of one or more concussions or traumatic head injuries, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.

Before a student can return to play in a sporting event, the student must be evaluated by a health care provider who is licensed in the State of Utah and trained in the evaluation and management of concussions or traumatic head injuries. The qualified health care provider must provide to the school a written statement certifying that she/he has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion or traumatic head injury; and the student is cleared to resume full participation in a specified sporting event.

The parent/legal guardian must also provide written permission for the student. Return to play in sporting events shall not be rushed for the benefit of a team or for any other reason. **A return to play protocol and clearance form can be found at:** <https://cdn-59bd6cf5f911c923e82ee0ee.closte.com/wp-content/uploads/sites/29/2015/01/Athletics-Concussion-Management-Plan.pdf>

The district's complete head injury policy can be found at: <https://cdn-59bd6cf5f911c923e82ee0ee.closte.com/wp-content/uploads/sites/22/2017/12/VIII.A.29.-Student-Head-Injuries-and-Concussions.pdf>



ACKNOWLEDGEMENT OF RISK
INFORMED CONSENT FOR PARTICIPATION IN SPORTING EVENTS
2020-2021

The following form is to be completed and signed, and submitted by every student and parent/guardian prior to student participation.

Name of Student

School

Sport/Activity

Statement of Consent and Acknowledgement

By signing below I hereby consent to the above named student participating in interscholastic athletics. This consent includes travel to and from contests, training (running, walking, biking, blading) on public roadways, practice sessions, and other related events.

By signing, I hereby acknowledge that I have reviewed and understand the information contained in this packet, including the Head Injury Policy Guidelines, and that I have been advised, cautioned, and warned by athletics personnel and/or school officials about the risk of injuries associated with participation in athletic activities and sporting events, as that term is defined in under Utah law, and which includes but is not limited to, interscholastic or intramural camps, tryouts, practices, and competitions for school sanctioned sports, club sports, cheerleading, dance, drill team, or other activities where injuries are likely to occur. I am fully aware that participation in such athletic activities and sporting events exposes students to the risk of injury, ranging from, minor, to severe, including but not limited to: **sprains, fractures, partial or complete impairment of limbs, brain injury, paralysis, and even death.** I understand that coach instruction, protective equipment, and medical care provided do not eliminate these risks. I have addressed any questions or concerns with coaches or other school officials. Having been so cautioned and warned, it is still my desire to allow the above named student to participate in athletic activities and sporting events, and I do so with full knowledge and understanding of the risks involved.

In a continued effort to provide the safest athletic experience to our student athletes, Granite District high schools forms contract with organizations specializing in the care and treatment of athletes and provide the school with licensed athletic trainers. Athletic Trainers providing services to students are independent contractors and not employees of Granite School District or its high schools'. Neither Granite School District nor any organization providing medical contracted service or advice to students shall be liable for any obligation incurred by the other. Parents and/or legal guardians are always free to seek medical services or advice from their own health care professionals.

Signature of athlete _____ Date _____

Signature of parent/guardian _____ Date _____