



# GRAND ISLAND CENTRAL CATHOLIC SCHOOLS

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## CONCUSSION CLEARANCE FORM

Student's Name – PRINTED

Grade

Concussion Injury Date

### Parent/Guardian Clearance

I, the Parent/Guardian of the above-named student, grant permission for him/her to resume participation in athletic activities. I understand that my child's return to competition is to follow a stepwise Return To Play progression. I acknowledge that my child has been provided information about the signs and symptoms associated with concussions and potential head injuries, risks involved with sustaining a concussion, and is instructed to report such symptoms immediately to myself, as well as his/her coach, and to remove himself/herself immediately from all athletic and physical activity should such symptoms exist at any time.

Parent/Guardian SIGNATURE

Date

Parent/Guardian Name - PRINTED

### Licensed Health Care Professional Clearance

As a licensed health care professional having training in both the evaluation and management of traumatic brain injuries among a pediatric population, I acknowledge that the above-named student may resume athletic activities upon completion of the stepwise Return To Play progression per my instructions and recommendations.

Licensed Health Care Professional SIGNATURE

Date

Licensed Health Care Professional Name

The Nebraska Concussion Awareness Act: "A licensed health care professional means a physician or licensed practitioner under the direct supervision of a physician, a certified athletic trainer, a neuropsychologist, or some other qualified individual who (a) is registered, licensed, or otherwise statutorily recognized by the State of Nebraska to provide health care services and (b) is trained in the evaluation and management of traumatic brain injuries among a pediatric population."

The Zurich Consensus Statement recommends that Return To Play protocol following a concussion follows a stepwise process as outlined below. With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic (symptom-free) at the current level. Generally, each step should take 24 hours so that an athlete would take approximately 1 week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a period of remaining asymptomatic for 24 hours.

### Graduated Return To Play Protocol

	<i>Rehabilitation Stage</i>	<i>Functional Exercise at Each Stage of Rehabilitation</i>	<i>Objective of Each Stage</i>
1	No Activity	Symptom limited physical and cognitive rest	Recovery
2	Light Aerobic Exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate. No resistance training	Increase Heartrate
3	Sport-Specific Exercise	Running drills in soccer, skating drills in ice hockey. No head impact activities.	Add Movement
4	Non-Contact Training Drills	Progression to more complex training drills (passing drills in football and ice hockey). May start progressive resistance training.	Exercise, Coordination and Cognitive Load
5	Full-Contact Practice	Following medical clearance, participate in normal training	Restore Confidence and Assess Functional Skills by Coaching Staff
	Return To Play	Normal game play	