**FISD Concussion Return to Play Guidelines for Athletes**

**General Information for Parents**

Frisco ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all of these tests in order to return to sport activity after a suspected concussion.

1. All athletes suspected of sustaining head injuries are required to be evaluated by a physician. Middle school athletes may use their primary care physician, while the **high school athletes will need to see an ImPact certified physician due to the districts use of ImPact testing at the high school level.** The athlete must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.
2. The athlete will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to the physician recommendations and observations.
3. The athlete must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the athlete will start a progressive step-by-step procedure outlined in the FISD protocol.
5. **Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician’s professional judgment it is safe for the athlete to return to play.**
6. Once the athlete has completed steps 1 through 5, they may return to their sport activity without restrictions.

**The athlete named below has completed the required return to play protocol for a suspected concussion. By signing this form, I understand the dangers related with returning to play too soon after a concussion. Furthermore, I certify that my son/daughter has successfully completed the FISD return to play protocol and I give my permission for him/her to return to sport activity. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.**

Athlete’s Name Athlete’s signature

Parent’s Name Parent‘s signature

Athletic Trainer Signature Date of Final Clearance