



**Parent Concussion Notification Form**  
 Portola High School  
 1001 Cadence, Irvine, CA 92618



Dear Parent or Guardian,

While participating in athletics on (date) \_\_\_\_\_ your son/daughter \_\_\_\_\_ sustained a head injury that appears to be a concussion or brain injury. This information sheet should answer your questions about concussions and treatment.

Your student-athlete’s safety is our main priority. Your student-athlete will not be able to return to activity until a licensed health care professional (MD/DO) or your child’s certified athletic trainer has determined that it is safe to do so with written clearance from a licensed health care professional (MD/DO). You should take your student-athlete to his/ her primary care physician. Your son/daughter has been given a “Medical Report from Doctor to the ATC regarding head injuries” form that needs to be completed by a licensed health care professional (MD/DO) and returned to the ATC **with** a doctor’s office stamp. If the licensed health care professional does not diagnose a concussion the doctor’s note must say **no** concussion suspected and the student-athlete will complete a modified return-to-play (RTP) protocol. Your student-athlete must have written medical clearance from a licensed health care professional to begin the PHS supervised RTP protocol and will take a post-injury ImpACT test (depending on sport) during stage 1 of the RTP protocol. If you have any questions or concerns please call me at the number listed below.

Sincerely,

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Kathryn Cleek, MS , ATC  
 Portola High School, Head Athletic Trainer  
 Office: (949) 936- \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Email: kathryncleek@iusd.org

**Why am I getting this information sheet?**

You are receiving this information sheet about a concussion because of California state law AB 25 (effective January 1, 2012), now Education Code §49475:

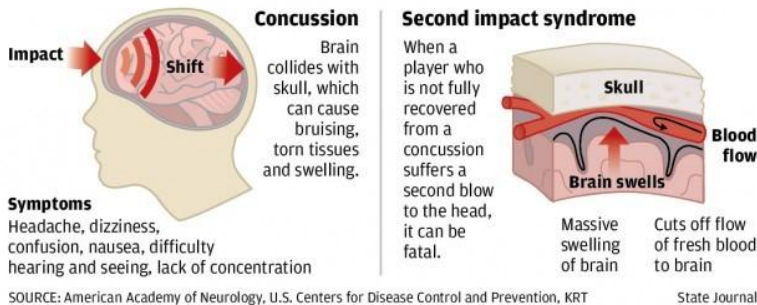
1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and being practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

**What is a concussion?**

A concussion is a mild traumatic brain injury, which results in a temporary disruption of normal brain function and may cause immediate, short-term or long-term impairment of neurological function. A concussion can be caused by a bump, blow or jolt to the head or body, that may or may not result in loss of consciousness. A student-athlete does not have to lose consciousness (“knocked-out”) to suffer a concussion. A second concussion that occurs before the brain recovers from the first can slow recovery or increase the chances of long-term problems. In rare cases, brain swelling can result leading to permanent brain damage or even death (Second Impact Syndrome).

## Traumatic head injuries

A concussion occurs when a blow to the head results in the brain slamming against the skull.



A concussion may cause multiple symptoms. Signs and symptoms may not be present immediately after the injury but

may develop over the next several days or weeks. The symptoms may be subtle. Signs and symptoms must be taken seriously and accurately reported by the student-athlete.

### Signs and Symptoms

- |  |  |
|--|--|
| <input type="checkbox"/> Blood or clear fluid coming from ears or nose | <input type="checkbox"/> Nausea                        |
| <input type="checkbox"/> Blurred vision                                | <input type="checkbox"/> Nervousness                   |
| <input type="checkbox"/> Double vision                                 | <input type="checkbox"/> Personality change            |
| <input type="checkbox"/> Trouble focusing eyes                         | <input type="checkbox"/> Poor balance/ coordination    |
| <input type="checkbox"/> Confusion                                     | <input type="checkbox"/> Poor concentration            |
| <input type="checkbox"/> Dizziness                                     | <input type="checkbox"/> Ringing in ears               |
| <input type="checkbox"/> Drowsiness/ sleepiness                        | <input type="checkbox"/> Seeing stars/spots            |
| <input type="checkbox"/> Easily distracted                             | <input type="checkbox"/> Sensitivity to light          |
| <input type="checkbox"/> Fatigue                                       | <input type="checkbox"/> Sensitivity to noise          |
| <input type="checkbox"/> Feeling “in a fog”/ “slowed down”             | <input type="checkbox"/> Slurring of speech            |
| <input type="checkbox"/> Headache, particularly at a specific location | <input type="checkbox"/> Stiffening in the neck        |
| <input type="checkbox"/> More emotional                                | <input type="checkbox"/> Vacant stare                  |
| <input type="checkbox"/> Irritability                                  | <input type="checkbox"/> Glossy/“red” eyes             |
| <input type="checkbox"/> Loss of appetite                              | <input type="checkbox"/> Vomiting                      |
| <input type="checkbox"/> Loss of consciousness                         | <input type="checkbox"/> Unusual or bizarre behavior   |
| <input type="checkbox"/> Loss of orientation                           | <input type="checkbox"/> Weakness in arms or legs      |
| <input type="checkbox"/> Nonreactive pupils and/or unequal pupils size | <input type="checkbox"/> Trouble falling asleep        |
| <input type="checkbox"/> Memory Problems                               | <input type="checkbox"/> Sleeping more/less than usual |
|  | <input type="checkbox"/> Off-balance                   |

### When should I take my child to the doctor?

All student-athletes who are suspected of sustaining a concussion will need to be evaluated by a licensed health care professional that is familiar with sports concussion diagnosis and management (MD/DO). You should call your student-athlete’s physician and explain what has happened. A follow up appointment should be scheduled with your primary care doctor or a sports concussion specialist if directed by your personal physician.

**If any of your student-athlete’s signs or symptoms are worsening they should be taken to the emergency department IMMEDIATELY. Additional symptoms to watch for that would require you to call your doctor or go to the emergency department IMMEDIATELY include:**

Headaches that worsen	Very drowsy	Can’t recognize people or place
Seizures	Repeated vomiting	Increasing confusion
Significant Neck Pain	Slurred speech	Weakness/numbness in arms/legs
Unusual behavior change	Significant irritability	Abnormal pupils

**What is the home care?**

- After a concussion, parents should frequently observe and evaluate their student-athlete throughout the recovery.
- Your student-athlete, who has sustained a concussion, should not under any circumstances, drive a vehicle home, to the doctor, to the hospital or school until symptoms resolve and/or cleared by a MD/DO.
- Your student-athlete should avoid all activities that may increase symptoms such as physical activity, staying up late, computers, phones, video games, handheld electronic devices and/or TV.
- Your student-athlete should not be left alone and should be checked throughout the night (do not waken athlete).
- It is OK to let your student-athlete sleep. ***The student-athlete should be awakened every two hours during the night if he/she experience (1) loss of consciousness, (2) prolonged period of memory loss, (3) continued significant symptoms prior to bed time and/or (4) advised by MD/DO to awaken athlete.***
- It is OK to use an ice pack on the head and neck for comfort.

**Medications?**

Please avoid any medications that contain aspirin or non-steroidal anti-inflammatory properties. Medications can mask signs and symptoms of the concussion and can cause an increase in intracranial bleeding, which can lead to serious injury. Medications **NOT** allowed are:

- Aspirin
- Ketoprofen/Ibuprofen
- Advil
- Motrin
- Acetaminophen
- Bayer
- Aleve
- Celenrex
- Bextra
- Narcotic pain medications
- Codeine

***\* Medications should be given only after consulting a physician.***

**When can a student-athlete return to play following a concussion?**

After suffering a concussion, no student-athlete should return to play or practice on that same day. Studies have shown that a young brain does not recover quickly enough for a student-athlete to return to activity in such a short time. Your student-athlete should *not participate in any HIGH-risk activities that may result*

*in head injury such as physical education class, recreational play, ride a bike or skateboard and club sports until cleared by a licensed health care professional (MD/DO).*

Once a student-athlete no longer has symptoms of a concussion for a minimum of 48 hours and is cleared to return to physical activity by a licensed health care professional knowledgeable in the care of sports concussions, he or she should proceed with activity in a supervised step-wise fashion to allow the brain to re-adjust to exertion. This should occur over a minimum of 8 days. (**See Return to Play Protocol**)

The rate of progression and final clearance is determined by the medical team and will be based on test results, evaluation findings, return to learn process and the student-athlete's ability to tolerate the return to play protocol. The conditions to progress a student-athlete will depend on:

- Post-concussive symptoms, which have been found to be more predictive of outcome than initial symptoms. The student-athlete will be monitored for recurrence of symptoms during each step in the progression. Post-concussive symptoms vary greatly from person to person. Therefore, all factors surrounding the student-athlete are carefully considered when determining progression.
- If the student-athlete experiences symptom recurrence, he/she will be held from activity for at least 24 hours and until symptoms resolve. Once symptoms have resolved for at least 24 hours, the student-athlete will be directed by the health care provider to resume activity at the previous asymptomatic phase.
- Each concussion will be treated individually and progression is dependent on symptom presentation, neuro-cognitive testing and physical/occupational/speech therapy evaluation findings.
- Open communication between the student-athlete, coaching staff, medical doctor, counselors, nurses, teachers and certified athletic trainer will occur to ensure a seamless return to learn process and return to play protocol.

The student-athlete will be given a post-injury ImpACT test (depending on sport) in stage 1 of the return to play (RTP) protocol that will be interpreted by a physician and/or ATC knowledgeable in concussion management. The ImpACT results will be used in conjunction with the entire history and assessment to help determine "return to play" status. As each sports concussion is unique, the concussion management plan will be individualized for each student-athlete. The ultimate goal of the concussion program is to return the athlete to school while being cautious of the head injury and allow a safe return to play, as well as minimizing any long-term health problems from a concussion.

***\*The Medical Report from Doctor to the ATC regarding head injuries must be signed, stamped and returned to your school certified athletic trainer and/or with a doctor's note prior to beginning the RTP protocol.***

### **How long do the symptoms of a concussion usually last?**

The symptoms of a concussion will usually go away within one week of the initial injury. However, in some cases symptoms may last for several weeks, or even months. That is why it is important to follow directions given by the licensed health care professional (MD/DO) and certified athletic trainer.

### **What is the BEST treatment to help my student-athlete recover more quickly from a concussion?**

REST. The best treatment for a concussed student-athlete is to rest, both physically and mentally. We like to call these "cave man" days. There are no medications that can speed up the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones may worsen the symptoms of a concussion. As the symptoms lessen, you can allow increased use of computers, phone, video games, etc., but the access must be lessened if symptoms worsen.

### **How can a concussion affect schoolwork (Return to Learn Process)?**

Following a concussion, many student-athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

In many cases it is best to lessen the student-athlete's class load early after the injury. This may include **staying home** from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. **If student-athlete misses school, please contact the school's attendance office and send your student-athlete back to school with a doctor's note form a medical doctor (MD/DO) excusing absences.** Decreasing the stress on the brain early after a concussion may lessen symptoms and shorten the recovery time.

Your student-athletes counselor will be notified that your son/daughter sustained a concussion. They will then notify their teachers that your son/daughter might require some extra time to complete their assignments or that your son/daughter might require other academic accommodations, such as pre-written notes. The school nurse and/or nurse clerk will be notified.

There must be 24 hours asymptomatic between each stage of the RTL process (Stage 0 is minimum of 48 hours). If at any point the symptoms return, the student-athlete must go back to the previous stage. RTL process varies with each athlete and all stages may not be necessary. The student-athlete must complete the RTL process before stage 6 of the RTP protocol. RTL process is supervised by the counselor, teachers, school nurse and certified athletic trainer under the clearance of a license health care professional (MD/DO). (**See Return to Play Process**)

#### **When should the student-athlete see a sports concussion specialist?**

Any student-athlete who has had significant or recurrent head injuries or the symptoms persist beyond 5-7 days may benefit from an evaluation from a pediatric sports concussion specialist. Your personal physician may also recommend a referral if they have any concerns or need further assistance with your student athlete's concussion management. Neuropsychological testing, which should be part of the evaluation when possible, can be helpful to assist with return to learn and physical activity. (2010 AAP Sport-Related Concussion in Children and Adolescents)

#### **Team Concussion Specialists:**

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*\*Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports," the CHOC Children's Sports Medicine department and CIF State. Please go to [www.cdc.gov](http://www.cdc.gov) and/or <http://cifstate.org/sports-medicine/concussions/index> for more information.*