

State Law on Concussion:

1. Section 22-80 of the School Code contains concussion safety directives for school boards and certain identified staff members. (105 ILCS 5/22-80) These requirements apply beginning 2016-17 school year.
 - The requirements of Sec. 22-80 apply to any interscholastic athletic activity, including practice and competition, sponsored or sanctioned by a school, the Illinois Elementary School Association, or the Illinois High School Association.
 - School districts may need to implement its return-to-learn protocol for a students return to the classroom, “whether or not the concussion took place while participating in interscholastic activity.
 - CDC (Center for Disease Control) is a great source for reference materials, and data on the subject of concussions.
 - Section 105 ILCS 5/10-20.54 which was repealed however it is recommended that the school board should adopt a policy regarding athlete concussions and head injuries that is in compliance with IHSA’s protocols, policies, and by-laws until they fully comply with the Youth Sports Concussion Safety Act. (This must occur no later than the beginning of the 2016-2017 school year.)
 - 105 ILCS 25/1.5 requires all high school coaching personnel to complete online concussion awareness training and all student athletes to view the IHSA video about concussions. This video can be down loaded from the IHSA web site, I’d show this at a parents meeting at the beginning of each season. Have a sign in sheet for the parent’s signature, their athletes name, the date and sport/level participating in.
2. Require each student and the student’s parent/guardian to sign a concussion information receipt form before participating in an interscholastic athletic activity.
 - a. A student may not participate until the student and parent/guardian sign. (The information consists of these explanations; concussion prevention, symptoms, treatment, and guidelines for safely resuming participation. Sec. 22-80 see C2A
 - b. This form must be approved by the IHSA. See ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx. The school athletic director should probably be in charge of this.

3. The "Concussion Oversight Team"

- The school board must appoint or approve a Concussion Oversight Team for the district and charge it with completing statutory duties. Sec. 22-80(d).
 - a. Is the Oversight Team an administrative or board committee? Board committee must comply with the Open Meetings Act, 5 ILCS 120/1.02
 - b. 22-80 identifies who must be on each Team; include a minimum of one person who is responsible for implementing and complying with the "return-to-play" and "return-to-learn protocols adopted by the Team. A school administrator is the most logical person for this position. He/she is knowledgeable about the day to day school functions and policies. The school nurse, because he/she will have access to all health records and CDC policies. The school's athletic trainer, if the school has one, because he/she has an in-depth knowledge of concussions and has daily interaction with the student. And finally a physician because of the knowledge of such conditions and who can add credence to the committee.

4. Developing protocols in accordance with Sec. 22-80(d)

- The Oversight Team must establish a return-to-play protocol and a return-to-learn protocol.
 - a. Each protocol must be based on guidelines from the Centers for Disease Control and Prevention (CDC), www.cdc.gov/headsup/highschoolsports/index.html.
 - b. The return-to-play governs a student's return to interscholastic athletics following a concussive episode. Whether or not the concussion took place at school or not, it makes to apply the return-to-play in both situations. A form for this can be found at ihsa.org/Resources/SportsMedicine/ConcussionManagement/ParentGuardianResources.aspx
 - c. The return-to-learn protocol governs a student's return to the classroom after the student is believed to have experienced a concussion. IHSA website contains a form for this. (C4C)

5. Removing the concussed athlete from practice or competition.

- A student must be removed from practice or competition immediately if a coach; game official; athletic trainer; physician; or the athlete's parent or guardian which are deemed appropriate under the school's return-to-play protocol.

6. Prerequisites for return to participation.

- A student removed athletic practice/competition may not return until these prerequisites are met:
 - a. The student must be evaluated a physician or athletic trainer.
 - b. The student has successfully completed all of the return-to-play protocol established under Section 22-80(g).
 - c. The student has also completed all of the return-to-learn protocol established under Section 22-80(g).
 - d. The physician or athletic trainer has provided a written release stating that he/she feels that it is safe for the athlete to return to play and learn.
 - e. That the athletes parent or guardian understands the protocols and has signed all of the documentation for the return-to-play and return-to-learn.
- The coach or assistant coach may not authorize a student's return-to-play or return-to-learn.

7. Comply with all training requirements in Sect. 22-80 (h)(2)

- Training depends on position held -- must be done by September 1, 2016. (Once every two years after that.)
 - a. Coaches, under IHSA Sect. 22-80 (h)(4) are required to be certified.
 - b. Nurses, if on the "Oversight" team or represents a school, are also required to be certified and are required to take concussion related continuing education courses approved by the Department of Financial and Professional Regulations.
 - c. Game officials of an inter scholastic athletic activity are also subject to certification.
 - d. An athletic trainer must take concussion related continuing education courses approved by the Department of Financial and Professional Regulations.
 1. Both the athletic trainer and nurse must submit proof of training to the Superintendent under Sec. 22-80 (h)(5).
 2. Physicians must also take appropriate course work under Sec. 22-80 (h)(3).
 3. Physicians, athletic trainer and nurses who do not meet these requirements will not be allowed to serve on the oversight team. Sec. 22-80 (h)(6)
 4. Online concussion awareness training for all secondary coaches and AD's must be certified by 8-19-15. In addition it is suggested that all student athletes view the IHSA's video about concussions.

Parent Meeting
Concussion Discussion
(Date)

Parent/Guardian Name

Athletes Name

Fall Sport

Concussion Letter for Parents

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding”, “getting your bell rung”, or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms from the concussion list below, or if you notice the symptoms yourself, keep your teen out and see your doctor right away.

Signs Observed by a Parent or Guardian.

- Appears dazed or stunned.
- Forgets an instruction.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness.
- Shows mood, behavior, or personality changes.
- Can't recall events prior to the hit or fall.
- Can't recall events after the hit or fall.

Symptoms Reported by Athlete.

- Headache or “pressure”
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Concentration or memory problems.
- Confusion
- Just not “feeling right” or is “feeling down”.

Dear Parent or Guardian,

Your child has received a concussion and is a student/athlete at _____. In keeping with the laws of the State of Illinois, we the _____ Concussion Oversight Committee are making it our duty to contact you. As per our protocols, we are asking you to have your child examined by a physician to determine the status of their injury. It is advised that you deliver a copy of the doctors' excuse or release to the _____ administration. Please be advised that your child will not be allowed to participate or receive services from our staff until we have a copy of this documentation. The Sports Medicine staff will have final say in whether your child will be allowed full participation.

Thank you for your assistance in this matter and please feel free to contact the school with any questions you might have.

Sincerely,

The _____ Concussion Oversight Committee



Post-concussion Consent Form
(RTP/RTL)



Date _____

Student's Name _____ Year in School 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the written statement of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA) and, if any, the return-to-play and return-to-learn recommendations of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), as the case may be.

Student's Signature _____

Parent/Guardian's Name _____

Parent/Guardian/s Signature _____

For School Use only

Written statement is included with this consent from treating physician, advanced practice nurse (APN), physician assistant (PA) or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

Cleared for RTL

Cleared for RTP

Date _____

Date _____



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>



IHSA Sports Medicine Acknowledgement & Consent Form

IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy

<http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf>



IHSA Sports Medicine Acknowledgement & Consent Form

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IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.