

**JOLIET TOWNSHIP HIGH SCHOOL  
CONCUSSION PROTOCOL PARENT/GUARDIAN INFORMATION FORM**

Dear Parent/Guardian:

Joliet Township manages concussions using stepwise return-to-learn (all students) and return-to-play (in-season interscholastic athletes only) protocols in compliance with CDC guidelines, state law requirements, and NATA guidelines. Those protocols are outlined below. All students must be cleared by a licensed medical provider (MD, DO, PA, NP) AND fully complete the return-to-learn (all students) and return-to-play (in-season interscholastic athletes only) protocols in order to resume regular academic and interscholastic athletic activities.

**Return-to-Learn Protocol** (*physician may start student at any phase, depending on presentation*)

Phase 0: Complete physical and cognitive rest. No school attendance.

Phase 1: Return to school partial day with academic accommodations.

Phase 2: Full day school attendance with reduced work load, and academic accommodations.

Phase 3: Full day school attendance with near normal workload, reintroduce testing.

Phase 4: Full return to academic load with no accommodations and symptom free; cleared to start Return-To-Play protocol.

**Return-to-Play Protocol** (*must complete all steps; must have 24hr period between each step*)

Step 1: 24hr symptom free, daily living activities.

Step 2: Light to moderate aerobic activity up to 30min (walk/jog, stationary bike).

Step 3: Individual sport specific activity.

Step 4: Non-contact training, lifting may resume.

Step 5: Full-contact practice, no competition.

Step 6: Clearance to full athletic participation and competition.

If concussion symptoms return at any point during graduated return to play protocol, there will be a minimum 24hr rest period. Once asymptomatic, the athlete will return to the previous asymptomatic stage and the progression will resume. Further complications beyond that may require a follow up physician visit.

**JOLIET TOWNSHIP HIGH SCHOOL  
HEAD INJURY PARENT/GUARDIAN NOTIFICATION FORM**

Dear Parent/Guardian:

\_\_\_\_\_ sustained a possible head injury on \_\_\_\_\_.  
The purpose of this notification is to alert you to the suspected injury, the signs and symptoms associated with such an injury, and potential signs and symptoms that could arise that would require further medical evaluation and/or treatment by a physician. If your student is seen by a licensed medical provider (MD, DO, PA, NP) and diagnosed with a concussion, your child must provide medical documentation of the diagnosis, and then complete the district return-to-learn (all students) and return-to-play (in-season interscholastic athletes only) protocols.

Often, the signs and symptoms of a head injury may not appear immediately after the incident, but may arise several hours to days later. If you are unsure or have questions about any symptoms described here, or that your student is experiencing, please contact a physician for further care. If your student exhibits any severe symptoms, symptoms that worsen over time, or you notice other behavior/conduct that is out of the ordinary for them, seek immediate medical attention. Please note this list is not all-inclusive.

- Headache
- Blurred vision
- Dizziness/balance issues
- ringing in ears
- Sensitivity to light/noise
- Fatigue
- Feeling “in a fog”
- Drowsiness
- Irritability
- Double vision
- Neck pain
- Nausea
- Seizures
- Vomiting
- Slurred speech
- Temporary loss of memory
- Slow reactions
- Issues focusing/concentrating
- Irregular sleep
- Weakness/numbness in arms/legs
- Abnormal behavior
- Memory difficulties
- Loss of consciousness

**JOLIET TOWNSHIP HIGH SCHOOL  
CONCUSSION PARENT/GUARDIAN NOTIFICATION FORM**

Dear Parent/Guardian:

\_\_\_\_\_ sustained a possible concussion on \_\_\_\_\_.

The purpose of this notification is to alert you to the suspected injury, the signs and symptoms associated with such an injury, and potential signs and symptoms that could arise that would require further medical evaluation and/or treatment by a physician. Your student may not return to any activity (training, practices, games, PE, etc.) until cleared by a physician AND if diagnosed with a concussion, your child must complete the district return-to-learn (all students) and return-to-play (in season interscholastic athletes only) protocols.

**Signs/Symptoms of Concussion**

Often, the signs and symptoms of a concussion may not appear immediately after the incident, but may arise several hours to days later. If you are unsure or have questions about any symptoms described here, or that your student is experiencing, please contact a physician for further care. If your student exhibits any severe symptoms, symptoms that worsen over time, or you notice other behavior/conduct that is out of the ordinary for them, seek immediate medical attention. Please note this list is not all-inclusive.

Headache  
Blurred vision  
Dizziness/balance issues  
Ringing in ears  
Sensitivity to light/noise  
Fatigue  
Feeling “in a fog”  
Drowsiness  
Irritability  
Double vision  
Neck pain  
Nausea  
Seizures  
Vomiting  
Slurred speech  
Temporary loss of memory  
Slow reactions  
Issues focusing/concentrating  
Irregular sleep  
Weakness/numbness in arms/legs  
Abnormal behavior  
Memory difficulties  
Loss of consciousness

**JOLIET TOWNSHIP HIGH SCHOOL  
RETURN TO FULL ATHLETIC PARTICIPATION CONSENT FORM**

*For signature by student, parent/guardian, and Certified Athletic Trainer before a student removed from interscholastic athletic practice and competition due to a concussion is allowed to return to full participation in interscholastic athletic practice and competition.*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_ (student), I hereby consent to my student returning to full athletic participation. By consenting I hereby certify that:

1. I consented to my student participating in Return-To-Learn and Return-To-Play in accordance with the school's protocols as established by Illinois State Law.
2. My student progressed through all steps of the school's Return-To-Learn and Return-To-Play protocols, and all concussion symptoms are resolved.
3. I understand that there are still risks with sports and that no injury, including concussion, is without reoccurrence risks. I believe it is safe for my student to return to full participation in interscholastic athletic practice and competition and consent to the same.
4. Both my student and I understand that if concussive signs/symptoms return, we must immediately notify the Athletic Trainers. In addition, we shall comply with any ongoing requirements in the school's Return-To-Play protocol.
5. I consent to the disclosure to appropriate persons of the treating physician's and/or Athletic Trainer's written statement indicating it is safe for my student to return to full participation in interscholastic athletic practice and competition.

\_\_\_\_\_  
**Student Name Printed**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name Printed**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Athletic Trainer Name Printed**

\_\_\_\_\_  
**Athletic Trainer Signature**

\_\_\_\_\_  
**Date**

**JOLIET TOWNSHIP HIGH SCHOOL  
RETURN TO PLAY PROGRESSION FORM**

Step	Exercise Strategy	Activity at Each Step	Goal	Completed
1	Symptom-limited activity	Daily living activities that do not exacerbate symptoms.	Gradual reintroduction of work/school.	Date: _____ Student Initials: ATC Initials:
2	<b>2A – Light</b> aerobic exercise (up to approx. 55% max HR) <b>THEN</b>	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.	Increase heart rate.	Date: _____ Student Initials: ATC Initials:
	<b>2B – Moderate</b> aerobic exercise (up to approximately 70% max HR)			
3	Sport-specific exercise (no contact)	Jogging and individual athletic drills. May continue light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.	Add movement, change of direction.	Date: _____ Student Initials: ATC Initials:
Steps 4-6 should begin after resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including during and after physical exertion.				
4	Non-contact training drills	Exercise to high intensity including more challenging training drills. Can integrate into the team environment.	Resume usual intensity of exercise, coordination, and increased thinking.	Date: _____ Student Initials: ATC Initials:
5	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.	Date: _____ Student Initials: ATC Initials:
6	Return to sport	Normal game play.		Date: _____ Student Initials: ATC Initials:

NOTE: If more than mild exacerbation of symptoms occurs during Steps 1 -3, the athlete should stop and attempt to exercise the next day. If an athlete experiences concussion-related symptoms during Steps 4-6, they should return to the previous asymptomatic step to establish full resolution of symptoms with exertion before engaging in further activities.

**Athletic Trainer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STUDENT & PARENT/GUARDIAN AGREEMENT TO PARTICIPATE

**Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic sports or intramural athletics.**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The above-named student wishes to participate in interscholastic sports or intramural athletics for Joliet Township High Schools.

Before the student will be allowed to participate, the student must provide the School District with a certificate of physical fitness (if participating in interscholastic sport(s), the Pre-Participation Physical Examination Form serves this purpose), show proof of accident insurance coverage, and complete any forms required by the IHSA.

The student and the student's parent/guardian agree that the student will abide by all conduct rules and will behave in a sportsmanlike manner. They further agree that the student will follow the coaches' instructions, playing techniques, and training schedule, as well as all safety rules and protocols set by the district.

The student and the student's parent/guardian understand that per School Board policy, a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to Return to Play / Sports unless cleared to do so by one of the following licensed medical professionals (MD, DO, PA, NP, ATC).

Enclosed is a *Concussion Information Sheet*, which is written information explaining concussion prevention, symptoms, treatment, and guidelines, and includes guidelines for safely resuming participation in an athletic activity following a concussion.

The student and the student's parent/guardian are aware that with participation in sports comes the risk of injury, and that the degree of danger and seriousness of risk vary significantly from one sport to another, with contact sports carrying the highest risk. The student and the student's parent/guardian are aware that participating in sports involves travel with the team. The student and the student's parent/guardian acknowledge and accept the risks inherent in the sports or athletics in which the student will be participating and in all travel involved. The student and the student's parent/guardian agree to indemnify and hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with the student participating in the school-sponsored interscholastic sports or intramural athletics, to the extent allowed by law, including relating to physical injury to the student or others while participating in interscholastic sports or intramural athletics. The terms hereof shall serve as a release and assumption of risk for the student and the student's parent/guardian and their heirs, estate, executor, Administrator, assignees, and for all members of the student and the student's parent/guardian's family. The parent/guardian certifies that the student is in good physical health and is capable of participation in interscholastic sports or intramural athletics.

If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

## CONCUSSION INFORMATION SHEET

School Board Policy requires that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to Return to Play / Sports unless cleared to do so by one of the following licensed medical professionals (MD, DO, PA, NP, ATC).

This form must be given to a student and their parent guardian each year with the *Agreement to Participate*. The *Agreement to Participate* must be completed and signed each year by the student and the student's parent/guardian before the student may participate in interscholastic sports or intramural athletics for the school year. This form contains all language from the Concussion Information Sheet approved by the Illinois High School Association.

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

**Signs observed by teammates, parents and coaches may include:**

<ul style="list-style-type: none"> <li>● Appears dazed</li> <li>● Vacant facial expression</li> <li>● Confused about assignment</li> <li>● Forgets plays</li> <li>● Is unsure of game, score, or opponent</li> <li>● Moves clumsily or displays incoordination</li> <li>● Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>● Slurred speech</li> <li>● Shows behavior or personality changes</li> <li>● Can’t recall events prior to hit</li> <li>● Can’t recall events after hit</li> <li>● Seizures or convulsions</li> <li>● Any change in typical behavior or personality</li> <li>● Loses consciousness</li> </ul>
---	---

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.

What 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 Play/Sports or physical activity, including the physical activity portion of physical education courses, 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. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches 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. In accordance with state law, all IHSA member schools are required to follow this policy. Board policy requires the same clearance before such a student can return to intramural athletics and the physical activity portion of a physical education class. You should also inform your child's coach if you think that your child may have a concussion, even if it resulted from an injury that occurred outside of school/school activities. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

How can you help your child prevent a concussion or other serious brain injury?

Ensure that they follow their coach's rules for safety and the rules of the sport. Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained. Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture. However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head. Tell your child's coaches if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

*Adapted from the IHSA Sports Medicine Acknowledgement & Consent Form, which is adapted from the CDC and the 5<sup>th</sup> International Conference on Concussion in Sport*

---

By signing below, the student and the student's parent/guardian indicate that they have received and read the above *Agreement to Participate* and the enclosed *Concussion Information Sheet*, and that they understand and agree to abide and be bound by the terms of those documents.

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date