



Oak Park Elementary School District 97

260 Madison ▪ Oak Park ▪ Illinois ▪ 60302 ▪ ph: 708.524.3000 ▪ fax: 708.524.3014 ▪ www.op97.org

Oak Park District 97 Concussion Acknowledgement Form

Oak Park School District 97 Concussion Information Sheet for Parents and Guardians

Student's Name: _____ **Grade:** _____ **Date:** _____

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 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 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 of Concussion May Include One or More of the Following:

- Headaches or “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 or changes in sleep patterns
- Amnesia
- Fatigue or low energy or reports “not feeling right”
- Sadness or irritability
- Nervousness or anxiety
- Concentration or memory problems
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Loses consciousness or experiences a seizure or convulsions
- Vacant facial expression or appears dazed
- Confused about assignment or 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 or can't recall events after a hit



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What can happen if my child keeps on playing with a concussion? Students with the signs and symptoms of concussion should be removed from play immediately. There is an increased risk of significant damage from a concussion for a period of time after the injury occurs, particularly if the student 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 consequences. It is well known that young students 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's safety. Any student even suspected of suffering a concussion should be removed from play or practice immediately. No student 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 student should continue for several hours. Oak Park District 97 requires students to provide their school with written clearance from a physician licensed to practice medicine in all its branches prior to returning to learn and play following a concussion. In accordance with state law under the Illinois Youth Sports Concussion Safety Act P.A. 99--0245, all public schools are required to follow this policy. You should also inform your child's medical provider, school nurse, teacher, principal and coaches if you think that your child may have a concussion. For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

I Have Received Information on Concussion Safety from Oak Park District 97

_____ Date _____
Parent Signature



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Protocol	Return to Learn					Return to Play				
	Phase 1 Complete Cognitive and Physical Rest	Phase 2 Individualized Accommodations	Phase 3 Transition Back to Full Academic Load	Phase 1 Light Aerobic Exercise	Phase 2 Sport Specific Exercise	Phase 3 Non-Contact Training Drills	Phase 4 Full Contact Practice	Phase 5 Return to Full Competition		
Objective	Attendee Considerations -No school to partial days. -Breaks upon request. Classroom Experience -adjust or move learning environment to reduce symptom triggers. -Allow to only listen, no note taking or reading. Homework Experience -No homework/quizzes/tests. Provide class notes. Grading Policy -Excused absence grading policy in effect. -Grades based off of oral learning, not written. Transitions/Common Area -May use elevator and be dismissed prior to peer transition for RTL duration.	Attendee Considerations -Alternating AM/PM ½ days or every other class. -Full days with scheduled breaks. Classroom Experience -Short bursts of cognitive work (5-15 minutes). -Provide tutor to assist with notes/studying/organization. Homework Experience -Prioritize in-class learning. -May be modified to demonstrate mastery. Grading Policy -No due dates on assignments. -Extended time on testing. Transitions/Common Area Phase 1 Options -Avoid any event with loud noise and/or bright lights.	Attendee Considerations -Full-time attendance. Classroom Experience -Construct stepwise make-up plan. -assist in prioritizing assignments/tests/projects. Homework Experience -Workload shifts to outside of class as manageable. Grading Policy -Extended time to make-up work referencing due dates on make-up plan. Transitions/Common Area -Avoid any environment that may re-trigger symptoms until fully recovered.	All Sports Walking, stationary bike, swim for 15 minutes max.	Basketball/Volleyball -Run/Log intervals. -Lateral footwork drills. Soccer -Run/Log intervals. -Change of direction drills. Football/Rugby -Run/Log intervals. -Backpedal/Karate. Cheerleading -Run/Log intervals. -Balance training. Baseball/Softball -Base running cardio. -Lateral footwork drills. Cross Country/Track -Run/Log intervals. -Dynamic stretching.	Basketball/Volleyball -Individual drills involving ball work. -Walkthrough Soccer -Individual drills involving ball work. Football/Rugby -Individual on air or controlled pad drills. -Walkthrough Cheerleading -Floor/sideline routine -1-Rotation tumbling. Baseball/Softball -Helmeted fielding. -tee/Soft toss batting. Cross Country/Track -Sprint/Relay practice -Throws footwork. -Jumpers approach steps -May begin resistance training.	All Sports Must complete at minimum one full contact practice without restrictions in order to be eligible for game competition.	All Sports Designate staff member to monitor student returning during first competition being conscious of any abnormal reactions.		
Physical Activity	None	None	None unless prescribed by physician	Limited	Moderate	Accelerated	Normal	Normal		
Advance When	Symptom free for 24 hours. Student can tolerate school environment without worsening symptoms. Written confirmation from physician giving clearance for cognitive activity (RTL). Post-Con Consent Form signed by parent & student.	Symptoms decrease in both number and severity while student's academic load is gradually increased. Student should be back to school full time attending all scheduled classes. *If student remains in Phase 2 longer than 4 wks, student must return to physician for further evaluation.	Student tolerates full academic load. All accommodations removed. Written confirmation from physician giving clearance for physical activity (RTP).	Symptom-free during exercise AND at rest for 24 hours after activity.	Symptom-free during exercise AND at rest for 24 hours after activity.	Symptom-free during exercise AND at rest for 24 hours after activity. Revisit physician obtaining written statement giving clearance for full contact practice AND return to competition.	Symptom-free during exercise AND at rest for 24 hours after activity. Coach or athletic trainer clearance to return to competition.			
Approved to Advance	Initial: _____	Initial: _____	Initial: _____ *Add date cleared for RTL to Post-Con Consent Form	Initial: _____	Initial: _____	Initial: _____	Initial: _____	Initial: _____ *Add date cleared for RTP to Post-Con Consent Form		