

FISD 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 having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by their primary care physician. They 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 student 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 physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student 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 student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.

The athlete named below has completed the required return to play protocol for a 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 of Guardian's Name _____

Parent or Guardian's Signature _____

Date _____

Athletic Trainer's Signature _____