

# CONCUSSION ACTION PLAN



We suspect your child, \_\_\_\_\_ **may** have sustained a concussion during athletic activity today. At \_\_\_\_\_ (time and date) he/she was exhibiting the following symptoms:

- |                       |                     |                  |                       |
|-----------------------|---------------------|------------------|-----------------------|
| ___ Headache          | ___ Nausea          | ___ Dizziness    | ___ Confusion         |
| ___ Irritability      | ___ Mood Changes    | ___ Felt Tired   | ___ Sound Sensitivity |
| ___ Amnesia           | ___ Balance Changes | ___ Ears Ringing | ___ Clumsy Movement   |
| ___ Light Sensitivity | ___ Other _____     |                  |                       |

We removed your child from participation in activity for the remainder of the day. Prior to him/her returning to activity with our organization, one of the following must be completed:

- Written note from an Appropriate Healthcare Provider stating the child may return to activity without restrictions.

Your child's safety is of the utmost importance to us. We thank you for your cooperation in ensuring that our concerns of a possible concussion are attended to.

\_\_\_\_\_  
Coach's printed name

\_\_\_\_\_  
Coach's Signature

*To be completed by appropriate healthcare provider only:*

Concussion assessment completed for \_\_\_\_\_. The following recommendations are made:

- No participation until further evaluation completed. Recommend complete "brain rest" from all physical activity, including weight lifting.
- Return to activity without restrictions. Patient has completed progressive physical activity program.
- Other \_\_\_\_\_

\_\_\_\_\_  
Physician/AHCP name

\_\_\_\_\_  
Signature/Date

**Progressive Physical Activity Program in day progressions**

1. Light aerobic exercise, 5–10 minutes on exercise bike or light jog; no weight lifting, resistance training or any other exercise.
2. Moderate aerobic exercise – 15 minutes of running at moderate intensity, without equipment.
3. Non-contact training drills in full uniform. May begin weight lifting, resistance training and other exercise.
4. Full Contact Practice or training.
5. Full game play.

\*Zurich Concussion Statement 2008