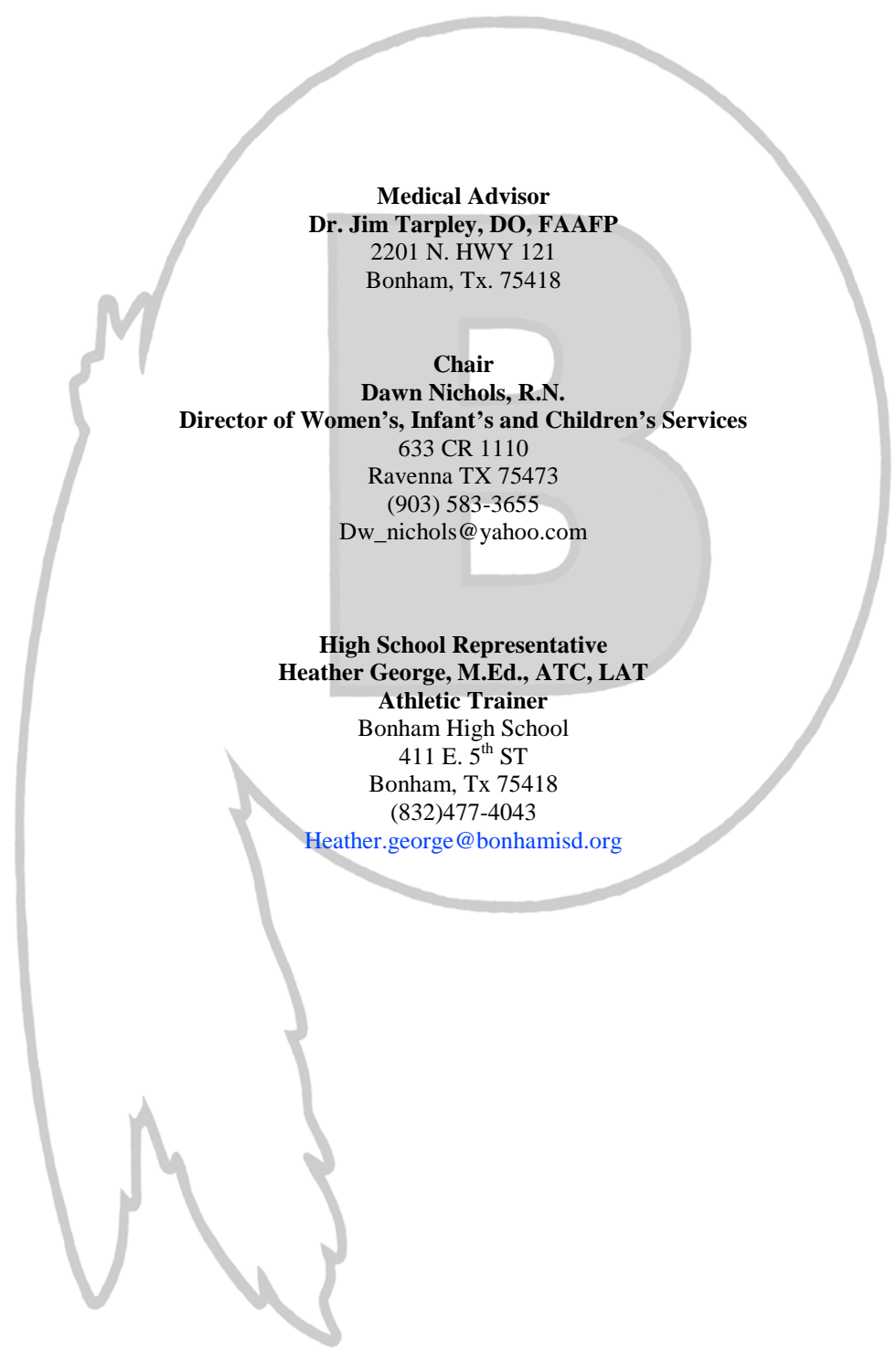


Bonham Independent School District



**Concussion
Policy & Procedures
Handbook**

Concussion Oversight Team



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Legislation

Texas HB 2038, Tasha's Concussion Law, Talking Points

- The bill defines who the Licensed Health Care Professionals are that will participate in the development and implementation of the concussion oversight team in schools.
- The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - ✓ have signed a form for that school year that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safety resuming participation in an athletic activity following a concussion. The form must be approved by the University Interscholastic League.
- The bill will mandate a Concussion Oversight Team chosen by each school district or charter school, headed by at least one physician with concussion management training.
- The bill requires students who are suspected of having sustained a concussion must be removed from the activity immediately.
- The student suspected of sustaining a concussion must be evaluated by a physician of his/her choosing.
- The school district shall verify the student has successfully completed each requirement of the return-to-play protocol necessary for the student to return to play established by the concussion oversight team.
- The treating physician shall sign a written statement indicating that, in their professional judgment, it is safe for the student to return to play.
- The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student acknowledges in writing:
 - He/she have been informed concerning and consents to the student's participation in returning to play in accordance with the return-to-play protocol;
 - He/she understand the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - He/she consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement regarding the return-to-play recommendations of the treating physician;
 - He/she understand the immunity provisions included in the bill.

- If the school district or charter school employs an athletic trainer, he/she is responsible for the compliance of the athlete with the return-to-play protocol.
- A coach of an interscholastic athletics team may not authorize a student's return to play.
- The school district superintendent or the superintendent's designee or, in the case of a home-rule school district or open-enrollment charter school, the person who serves the function of superintendent or that person's designee shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol. The person who has supervisory responsibilities may not be a coach of an interscholastic athletics team.
- The bill establishes an education course for coaches. Continuing education requirements in concussion management for athletic trainers which can be met in the two year cycle. It is recommended that physicians take continuing education in concussion management, when serving on the concussion oversight team.
- The bill provides for immunity from liability for school districts or members of the concussion oversight team complying with this act.
- The bill will allow the Commissioner of Education to develop rules to implement the bill.
- There should be no fiscal impact in the next biennium attached to the implementation of the bill.

TEXAS HOUSE BILL 2038

AN ACT

relating to prevention, treatment, and oversight of concussions affecting public school students participating in interscholastic athletics.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1.

This Act may be cited as Natasha 's Law in honor of Natasha Helmick for her courage in advocating for the enactment of this Act and in honor of all other student athletes at the middle and high school levels.

SECTION 2.

Chapter 38, Education Code, is amended by adding Subchapter D to read as follows:

SUBCHAPTER D. PREVENTION, TREATMENT, AND OVERSIGHT OF CONCUSSIONS AFFECTING STUDENT ATHLETES

Sec.38.151.DEFINITIONS. In this subchapter:

- (1) "Advanced practice nurse" has the meaning assigned by Section 301.152, Occupations Code.
- (2) "Athletic trainer" has the meaning assigned by Section 451.001, Occupations Code.
- (3) "Coach" includes an assistant coach.
- (4) "Concussion" means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may:
 - (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and
 - (B) involve loss of consciousness.
- (5) "Licensed health care professional" means an advanced practice nurse, athletic trainer, neuropsychologist, or physician assistant, as those terms are defined by this section.
- (6) "Neuropsychologist" means a person who:
 - (A) holds a license to engage in the practice of psychology issued under Section 501.252, Occupations Code; and
 - (B) specializes in the practice of neuropsychology.
- (7) "Open-enrollment charter school" includes a school granted a charter under Subchapter E, Chapter 12.
- (8) "Physician" means a person who holds a license to practice medicine in this state.
- (9) "Physician assistant" means a person who holds a license issued under Chapter 204, Occupations Code.

Sec.38.152.APPLICABILITY. This subchapter applies to an interscholastic athletic activity, including practice and competition, sponsored or sanctioned by:

- (1) a school district, including a home-rule school district, or a public school, including any school for which a charter has been granted under Chapter 12; or
- (2) the University Interscholastic League.

Sec.38.153.OVERSIGHT OF CONCUSSIONS BY SCHOOL DISTRICTS AND CHARTER SCHOOLS; RETURN-TO-PLAY PROTOCOL DEVELOPMENT BY CONCUSSION OVERSIGHT TEAM.

- (a) The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team.
- (b) Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student 's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.

Sec.38.154.CONCUSSION OVERSIGHT TEAM: MEMBERSHIP.

- (a) Each concussion oversight team must include at least one physician and, to the greatest extent practicable, considering factors including the population of the metropolitan statistical area in which the school district or open-enrollment charter school is located, district or charter school student enrollment, and the availability of and access to licensed health care professionals in the district or charter school area, must also include one or more of the following:

- (1) an athletic trainer;
 - (2) an advanced practice nurse;
 - (3) a neuropsychologist; or
 - (4) a physician assistant.
- (b) If a school district or open-enrollment charter school employs an athletic trainer, the athletic trainer must be a member of the district or charter school concussion oversight team.
- (c) Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team.

Sec.38.155.REQUIRED ANNUAL FORM ACKNOWLEDGING CONCUSSION INFORMATION.

A student may not participate in an interscholastic athletic activity for a school year until both the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student have signed a form for that school year that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion. The form must be approved by the University Interscholastic League.

Sec.38.156.REMOVAL FROM PLAY IN PRACTICE OR COMPETITION FOLLOWING CONCUSSION.

A student shall be removed from an interscholastic athletics practice or competition immediately if One of the following persons believes the student might have sustained a concussion during the practice or competition:

- (1) a coach;
- (2) a physician;
- (3) a licensed health care professional; or
- (4) the student's parent or guardian or another person with legal authority to make medical decisions for the student.

Sec.38.157.RETURN TO PLAY IN PRACTICE OR COMPETITION.

(a) A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

- (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
- (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
- (C) have signed a consent form indicating that the person signing:

- (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
- (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
- (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
- (iv) understands the immunity provisions under Section 38.159.

(b) A coach of an interscholastic athletics team may not authorize a student's return to play.

(c) The school district superintendent or the superintendent's designee or, in the case of a home-rule school district or open-enrollment charter school, the person who serves the function of superintendent or that person's designee shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol. The person who has supervisory responsibilities under this subsection may not be a coach of an interscholastic athletics team.

Sec.38.158.TRAINING COURSES.

(a) The University Interscholastic League shall approve for coaches of interscholastic athletic activities training courses that provide for not less than two hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. The league shall maintain an updated list of individuals and organizations authorized by the league to provide the training.

(b) The Department of State Health Services Advisory Board of Athletic Trainers shall approve for athletic trainers training courses in the subject matter of concussions and shall maintain an updated list of individuals and organizations authorized by the board to provide the training.

(c) The following persons must take a training course in accordance with Subsection (e) from an authorized training provider at least once every two years:

- (1) a coach of an interscholastic athletic activity;
- (2) a licensed health care professional who serves as a member of a concussion oversight team and is an employee, representative, or agent of a school district or open-enrollment charter school; and
- (3) a licensed health care professional who serves on a volunteer basis as a member of a concussion oversight team for a school district or open-enrollment charter school.

(d) A physician who serves as a member of a concussion oversight team shall, to the greatest extent practicable, periodically take an appropriate continuing medical education course in the subject matter of concussions.

(e) For purposes of Subsection (c):

- (1) a coach must take a course described by Subsection (a);
- (2) an athletic trainer must take:
 - (A) a course described by Subsection (b); or
 - (B) a course concerning the subject matter of concussions that has been approved for continuing education credit by the appropriate licensing authority for the profession; and
- (3) a licensed health care professional, other than an athletic trainer, must take:
 - (A) a course described by Subsection (a) or (b); or
 - (B) a course concerning the subject matter of concussions that has been approved for continuing education credit by the appropriate licensing authority for the profession.

(f) Each person described by Subsection (c) must submit proof of timely completion of an approved course in compliance with Subsection (e) to the school district superintendent or the superintendent's designee or, in the case of a home-rule school district or open-enrollment charter school, a person who serves the function of a superintendent or that person's designee.

(g) A licensed health care professional who is not in compliance with the training requirements under this section may not serve on a concussion oversight team in any capacity.

Sec.38.159.IMMUNITY. This subchapter does not:

- (1) waive any immunity from liability of a school district or open-enrollment charter school or of district or charter school officers or employees;
- (2) create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
- (3) waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code; or
- (4) create any cause of action or liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice or competition, based on service or participation on the concussion oversight team.

Sec.38.160.RULES.

The commissioner may adopt rules as necessary to administer this subchapter.

SECTION3.Subchapter D, Chapter 38, Education Code, as added by this Act, applies beginning with the 2011-2012 school year.

SECTION4.Notwithstanding Section 38.158(f), Education Code, as added by this Act, a person required under Section 38.158(c), Education Code, as added by this Act, to take a training course in the subject of concussions must initially complete the training course not later than September 1, 2012.

SECTION5.This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2011.



Policy & Procedures



Bonham Independent School District Head Injury Assessment, Prevention, Management, and Return to Play/Return to School Guidelines

The following policy, procedures, and guidelines on assessment, prevention, and management of head injuries, as well as return to play/return to school guidelines have been developed in accordance with Texas' "Natasha's Law" and the goals of BISD athletics and Sports Medicine to ensure the well-being of each student athlete. The risk of repeated concussions and second impact syndrome is also a concerning factor. These two problems can have long lasting, and even terminal effects, on the student athlete.

Continuing to play with the signs and symptoms of a concussion leaves athletes especially vulnerable to greater injury. There is an increased risk of significant damage from 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 under report symptoms of injuries (Including concussions). As a result, education of administrators, coaches, parents, teachers, and students is the key for student athlete's safety.

Purpose

BISD recognizes that concussions pose a significant health risk for student athletes. Therefore, the Athletics Department has implemented policies and procedures to deal with the assessment, prevention, management, and return to play guidelines for student athletes who have sustained a head injury.

Prevention

In an effort to reduce the number of head injuries in BISD the district insists that safety comes first. The following procedures will be used as guidelines to assist in the prevention of head injuries.

- Teach and practice safe playing techniques
- Teach athletes the dangers of playing with a concussion
- Encourage athletes to follow the rules of play and to practice good sportsmanship

- at all times
- Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, and mouth guards)
- All headgear must be NOCSAE certified
- Make sure the headgear fits the individual, and are secured properly to the individual
- For all sports that require headgear, a coach or appropriate designee should check headgear before use to make sure air bladders work and are appropriately filled.
- Padding should be checked to make sure they are in proper working condition.

Although all head injuries will not be prevented, BISD is working proactively in order to reduce the number and severity of head injuries that do occur.

Reporting Head Injuries

It is important that the student athlete/ parent report all head injuries received to the athletic trainer / school coach. This includes any head injury that occurs out of the school environment. It is important that any head injuries be reported before any physical activity.

Athletic Venue Evaluation

In all cases in which a head injury is suspected the athlete will be removed from athletic participation and an **initial assessment** will take place. The athlete will **NOT** be allowed further participation on the day of injury. The initial assessment will utilize the BISD Concussion Management Card. Following the initial assessment further medical evaluation will be determined as per “Tasha’s Law”. BISD Home Instructions for Head Injury will be provided, and parents/guardians will be contacted.

Health Care Professional Evaluation

Evaluation by Health Care Professionals should include a neurological and a functional test. A neurological test should include but is not limited to eye movements, pupil response, balance (static and dynamic), hearing, and vision. A functional test should include but is not limited to heel toe walking, jogging, and progressive functional activity. It is recommended that a health care professional certified in IMPACT testing be consulted.

Treatment/ Rehabilitation

BISD athletes who sustain a head injury will be instructed to rest, meaning total rest. Physical and cognitive rest, including but not limited to, NO athletic participation, NO recreational exercise, NO video games/ TV, NO computer usage, and NO text messaging.

Academically, there will be a return to school policy and the athlete’s teachers will be notified and academic accommodations will be made.

Follow-up Evaluation

BISD athletes who have sustained a head injury will be required to follow the

return to play/return to school guidelines. Athletes will be required to check in with their coach daily until cleared by a medical professional. Once cleared by a medical professional, parents and athletes will be required to sign a school concussion release and the approved return to school and play progression will begin. Even if cleared by a physician, athletes may not pass the progressive return to school or play protocol.

Head Injury Data

Within seven days of a head injury occurring or being cleared, all information will be reported to the Concussion Oversight Team. A standardized reporting form will be utilized for reporting purposes.

Liability Provisions

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student understands this policy does not:

- Waive any immunity from liability of a school district or open-enrollment charter school or of district or charter school officers or employees
- Create any liability for a cause of action against a school district or open enrollment charter school or against district or charter school officers or employees
- Waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code
- Create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

BISD Return to Classroom Considerations Following a Head Injury

Bonham Independent School District is proactive in the prevention, recognition, and management of concussions in order to limit the risk of concussions associated with athletics, as well as to limit the potential catastrophic and long term risks associated with sustaining a concussion. Therefore the management and return to classroom decisions will remain in the realm of clinical judgment on an individual basis by both the Concussion Oversight Team and the Physician.

Academic Modification Guideline

- 1. Because of the high academic demands placed on student athletes at BISD academic modification will take place in the following form. The objective is to allow for adequate healing time prior to return to mental activity. This will encourage healing and result in less school time missed.**
 - a. Following a suspected head injury the AT can allow for modification of the nights homework and school attendance as long as symptoms are present.**

See Appendix A for Progression

BISD Return to Play Considerations Following a Head Injury

Bonham Independent School District is proactive in the prevention, recognition, and management of concussions in order to limit the risk of concussions associated with athletics, as well as to limit the potential catastrophic and long term risks associated with sustaining a concussion. Therefore the management and return to play decisions will remain in the realm of clinical judgment on an individual basis by both the Concussion Oversight Team and the Physician.

BISD protocol following a head injury follows a stepwise progression. The athlete should be released from a physician, have a signed UIL approved return to play parent/athlete consent form, and be symptom free for 24 hours before beginning this progression. The athlete may start step 1 of the return to play protocol when they reach step 3 on the return to classroom protocol. The athlete should complete each level and progress to the next (in 24 hour intervals) if they remain asymptomatic both at rest and with exercise. Should the athlete become symptomatic during the progression, they should drop back to the previous asymptomatic level and try to progress after a 24 hour period of rest has passed. If the athlete remains symptomatic for an extended period of time the athlete may need to return to the physician.

RETURN TO PLAY PROGRESSION

Level 1- Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.

Level 2- Moderate aerobic exercise- 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Level 3- Non- contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Level 4- Full contact practice or training.

Level 5- Full game play.

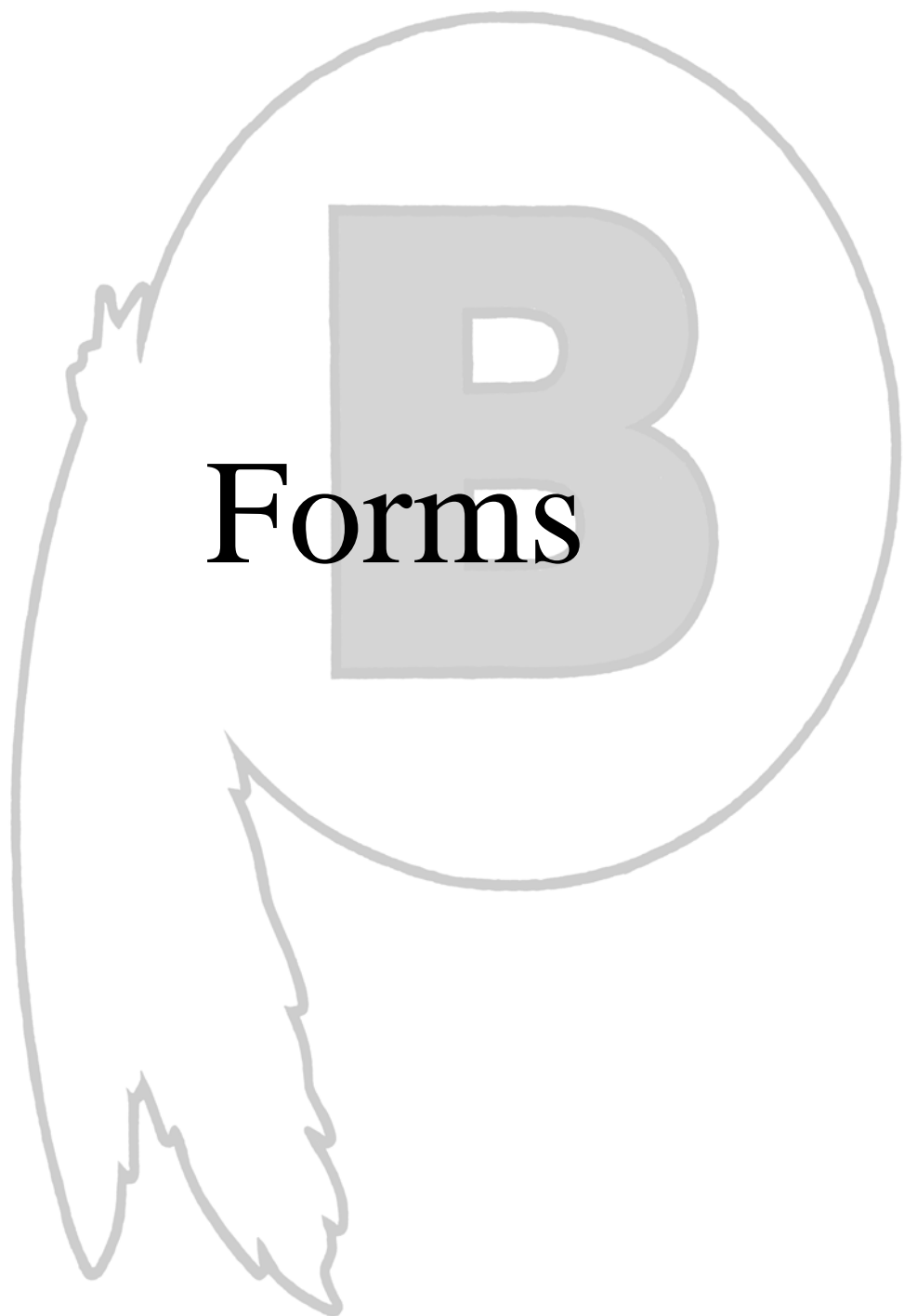
Continued post-concussive symptoms, prior concussion history and any diagnostic testing results along with neuro-cognitive testing and physical exam, will be utilized by a physician in establishing a timeline for an athlete's return to activity. It is important to note that this timeline could last over a period of days, weeks, months, or potentially medically disqualify the student from athletics. All cases will be handled on an individual basis.

All concussions are to be reported to the Oversight Committee Chairperson by the coach. The information reported via e-mail will include the date of concussion, sport, event, gender, date of physician release, date passed progressive return protocol, and school name. A follow-up e-mail will also be sent to the Oversight Committee Chairperson when final return to play has been determined by the appointed COT member.

Appendix A Return to Classroom Progression

STEP 1	
No School Attendance: Emphasize Cognitive & Physical Rest	
Recommendations:	No Tests, Quizzes, or Home Work Students May Be Sensitive to Light & Noise Students May Complain of Intense/Continuous Headaches Students May Not Be Able to Read More Than 10 Minutes Without Increase of Symptoms
Progress to Next Step When:	Decreased Sensitivity to Light or Noise Decreased Intensity & Frequency of Headaches Ability to Read More Than 10 Minutes Without Increased Symptoms (If Student Remains @ Step 1 Longer Than 2 Weeks, Consult Student Support Team to Discuss Progress)
STEP 2	
Report to AT/Clinic Aide (CA):	Open for Modified Daily Class Schedule
Recommendations:	Reduce Weight of Back Pack or Provide 2 nd Set of Textbooks Arranged by Counselor Obtain a "5 Minute Pass" to Avoid Noisy, Crowded Hallways Between Classes/Lunch No Tests/Quizzes/Home Work; Provide Copies of Class Notes Wear Sunglasses When Looking at Smart Boards; No PE or Exercise Ex: Day 1-PM Classes Only, Day 2-AM Classes Only, Day 3-10am-2pm, etc.
Progress to Next Step When:	Each of Students Classes Has Been Attended At Least Once School Activity Does Not Increase Symptoms Overall Symptoms Decrease May begin Social Reintegration
STEP 3	
Report to AT/CA:	Full Day of School
Recommendations:	Reduce Weight of Back Pack or Provide 2 nd Set of Textbooks Arranged by Counselor Obtain a "5 Minute Pass" to Avoid Noisy, Crowded Hallways Between Classes/Lunch No Tests/Quizzes/Home Work; Provide Copies of Class Notes Teacher has Discretion to use 'Mastery Learning" Criteria to Reduce Subject Matter Workload May begin RTP Exercise Progressions
Progress to Next Step When:	Symptoms Almost Resolved School Does Not Increase Any Symptoms (If Student Can't Go Past Step 3 After an Extended Period of Time, Makeup Work Should Not Be Required; Refer to Student Support Team)
STEP 4	
Report to AT/CA:	Full Academic Load
Recommendations:	Resume All Academic Responsibilities Including Tests, Quizzes, & Home Work PE and/or RTP Progressions Should Be Advancing at This Point (If ANY Symptoms Return During Step 4, Return to Step 3)
STEP 5	
Follow Up Discussions (Up To 1 Year Post Concussion)	
Recommendations:	The Athletic Trainer/Nurse/Counselor Will Conduct A Follow Up Interview with

	<p>the Student After 1 Week. Helps Determine if Additional Counseling or Intervention is Required Students are Encouraged to Continue Meeting with Counselors to Update Them on Academic Progress Helps Avoid the “Neurocognitive Stall” That Seems to Occur Within a Year After the Concussion</p>
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Forms

Information for Treating Physician

Bonham ISD has developed a protocol for managing concussions as per HB 2038 “Tasha’s Law”. This policy includes a multidiscipline approach involving COT Team clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. All athletes who sustain head injuries are required to be evaluated by a physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity.

1. The student will be monitored daily at school by the athletic trainer. Accommodations may need to be given according to physician recommendations and observations.
2. The student must be asymptomatic at rest and with exertion.
3. Once cleared to begin activity, the student will start a progressive return to play protocol. The progressions will advance in 24 hour intervals. The progressions are:
 - Level 1-** Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.
 - Level 2-** Moderate aerobic exercise- 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
 - Level 3-** Non- contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.
 - Level 4-** Full contact practice or training.
 - Level 5-** Full game play.

Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.

For full release to play a physician release, parent/ athlete signed consent and a progressive return to play protocol must be completed and on file.

BISD HOME INSTRUCTIONS FOR HEAD INJURY

_____ (athlete name) received a head injury, commonly called a concussion on _____ (date) while participating in an athletic event. The following are instructions for this person's care over the next few days.

- Do not drive a vehicle
- Rest, No physical activity
- Do not take Aspirin or Ibuprofen (Advil or Motrin)
- Tylenol (Acetaminophen) may be acceptable
- You may sleep, but should be checked on periodically if exhibiting moderate to severe symptoms

Signs and symptoms of a closed head injury do not always present until hours or sometimes days after the initial trauma. Do to this fact; you should be aware of possible signs and symptoms that indicate a significant head injury including but not limited to the following.

- Persistent or repeated vomiting
- Convulsions/ seizure
- Difficulty seeing
- Any peculiar movements of the eyes, or one pupil is larger than the other
- Restless, irritability, or drastic changes in emotional control
- Difficulty walking
- Difficulty speaking or slurred speech
- Progressive or sudden impairment of consciousness
- Bleeding or drainage of fluid from the nose or ears
- Any other abnormal behavior and/or sign or symptom

If any of the above occurs call an ambulance or take the athlete to the hospital Emergency Room.

Emergency Phone Numbers: EMS- 911

Parent/ Guardian Contact: Yes No Notes: _____

BISD athletes who have sustained a concussion will be required to follow up with their coach each day until cleared by a physician. Although cleared by a physician, the athlete must still pass the (progressive return to play) protocol before they will be considered for release to full activity. (HB 2038, Tasha's Law)

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print)

School Name (Please Print)

Designated school district official verifies:

Please Check

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

School Individual Signature

Date

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

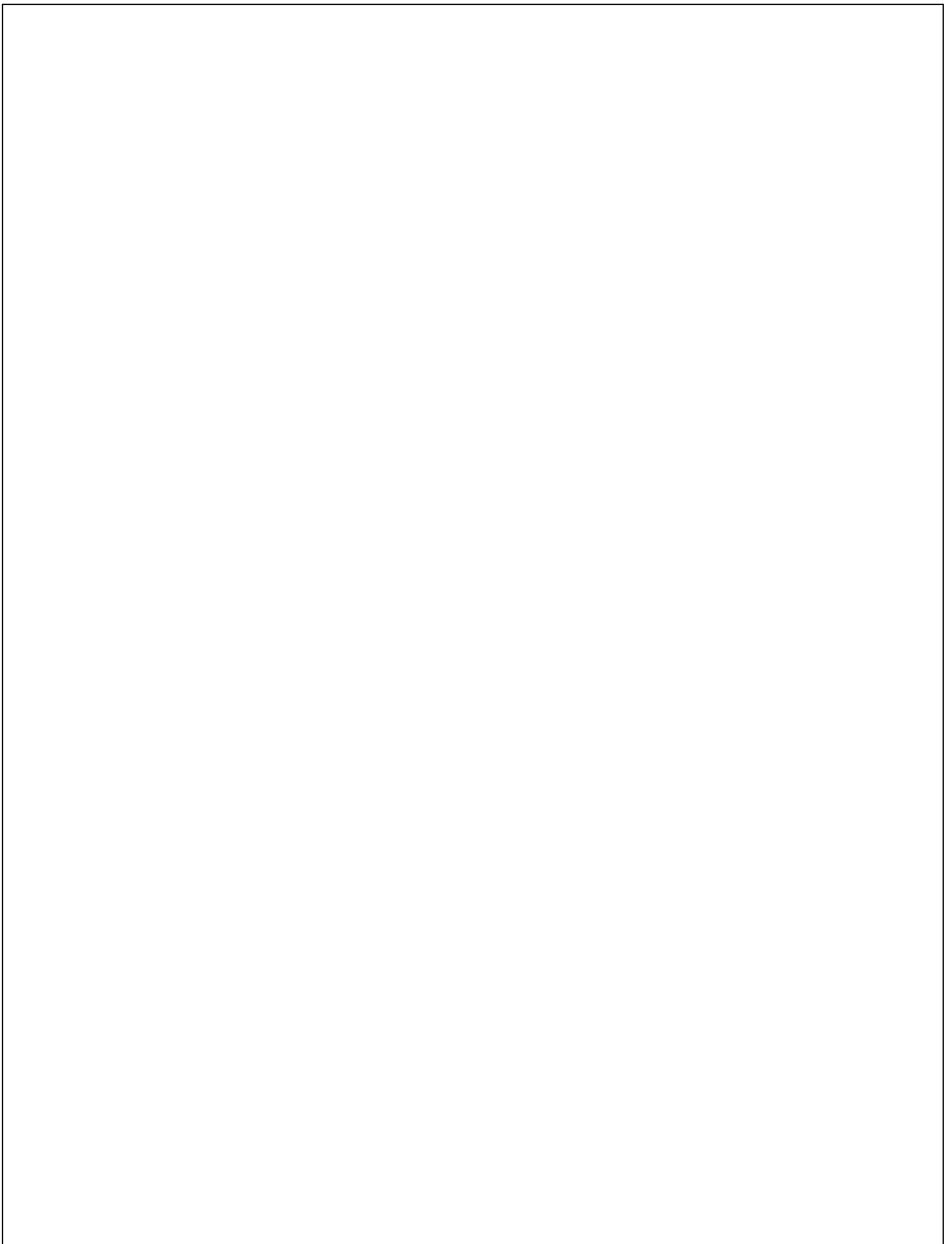
Please Check

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)



Bonham ISD Concussion Protocol (Tasha's Law- HB 2038)

- Report All Head Injuries
- Remove from Activity Immediately
- Parent/ Guardian Contact
- Physician Release
- Parent/ Athlete Release
- Progressive Return to Play Protocol
 - 1) Light Aerobic
 - 2) Moderate Aerobic
 - 3) Non Contact Practice
 - 4) Full Contact Practice
 - 5) Full Game