



# *Monsignor McClancy Memorial High School*

71-06 31<sup>ST</sup> Avenue, East Elmhurst, NY 11370 718 898-3800

## **Catholic High School Athletic Association**

### **Diocese of Brooklyn**

#### **CONCUSSION MANAGEMENT SCHOOL POLICY**

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and overexertion until fully recovered are the cornerstones of proper concussion management.

Msr. McClancy Memorial High School recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activity and can have serious consequences if not managed carefully. Therefore, the school adopts the following policy to support the proper evaluation and management of head injuries. While all staff will exercise reasonable care to protect students, head injuries may still occur. Any student exhibiting signs, symptoms, or behaviors while participating in a school sponsored class, extracurricular activity, or interscholastic athletic activity shall be removed from the game or activity. The nurse and/or coach will notify the student's parents or guardian and the parent or guardian must send them to be evaluated as soon as possible by an appropriate health care professional.

If a student sustains a concussion at a time other when engaged in a school sponsored activity, the school expects the parent/guardian to report the condition to the school nurse and the coach so that the school can support the appropriate management of the condition. The student shall not return to school or activity until authorized to do so by an appropriate health care professional who will make the final decision on return to activity including physical education class and after-school sports. Any student who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by their health care provider.

To parents/guardian of student athletes: This concussion management form must be signed and returned to Nurse's Office **prior** to when sport begins. This is important in order for your child to participate on his/her team. Thank you for your prompt attention.

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ have read the above important information.

Parent/Guardian's signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_