Sidney Central School District
95 W. Main St. Sidney, NY 13838
Phone: (607) 561 7700 Fax: (607) 563 1800

Head Injury Referral

Student: _____ DOB: _____ Grade___ Sport: _____

Parent/Guardian

The information below was gathered because there is a suspicion that your child may have suffered from a MTBI (mild traumatic brain injury) or concussion. According to our school policy your child must be evaluated by a medical provider to evaluate their condition. *If they are diagnosed with a concussion and participate in a sport, they cannot return to that sport until they are cleared by a physician/medical doctor **and** complete our "Step Wise Process" for gradual return to play.*

PLEASE GIVE THIS FORM TO THE MEDICAL PROVIDER EVALUATING YOUR CHILD AND RETURN IT TO THE SCHOOL AS SOON AS POSSIBLE

Coach / Adult-In-Charge / Mature Witness to Injury

Date of Injury: _____

Mechanism of injury (how were they hit): _____

_____

Student complaints	Signs of injury
__Head ache	__Swelling to effected area
__Neck pain	__Bruising developing
__Nausea/Vomiting	__Blood from: ears / nose / eyes / mouth
__Dizziness	__Clear fluid from ears
__Blurred vision	__Unequal pupils
__Sensitive to: Light / Noise	__Slurred speech
__Feeling in a fog or not right	__Unsteady on feet
__Confusion / Disoriented	__Unconscious: how long_____
__Emotional / Agitated / Overwhelmed	__One sided weakness
__Memory Loss (for example: can't remember injury)	__Seizure

Did the student go the Emergency Room for evaluation? Yes / No Hospital: _____

School Nurse

(The student should report to the Health Office upon return to school)

Date of nursing assessment: _____ Time: _____ Nurse: _____

Student Symptoms: _____

Student Signs: _____

ADHD / Depression: Yes / No Previous Concussion: Yes /No if yes, the date(s): _____

SCAT 2 assessment: Yes / No Date: _____ Score: _____

IMPACT Baseline Results: _____ IMPACT post injury Test Date: _____Result: _____

_____

Medical Provider

(If mid-level provider, NYS law requires MD clearance before participation in interscholastic competitions)

Date: _____ Diagnosis: _____

May attend school? Yes / No At what "Return to Play" step may student start? (See Back) Step # _____

Follow up visit required: Yes / No / As needed if symptomatic Follow-up Date: _____

Provider name: _____ Signature: _____ Phone #: _____

Address: _____ Fax #: _____

Student: _____ DOB: _____ Grade____ Sport: _____

The 5 Step Wise Process / RTP (Return to Play) Procedure:

If the student has been diagnosed with a concussion they should rest at least 24 hours. A computerized neuro-psychological test (IMPACT test) will likely occur within 24-72 hours after injury. Once a student has returned to school after being diagnosed with a concussion, the student must report to the school nurse each morning for a brief meeting to monitor their health in recovering from the concussion.

Step	Date Completed	Staff Signature
Step 1: Once student is symptom free for 24 hours Light activity is permitted; walking or stationary bike. No weight lifting.		
If remains symptom-free, the next day...		
Step 2: Sport specific training. Running in the gym or on the field. No helmet or other equipment.		
If remains symptom-free, the next day...		
Step 3: Non-contact training drills in full equipment. Weight training can begin.		
If remains symptom-free, the next day...		
Step 4: Full contact practice or training drills.		
If remains symptom-free, the next day...		
Step 5: Unless otherwise restricted by a medical doctor, the student can return to full game play.		

A concussion is a mild traumatic brain injury (MTBI). A concussion occurs when normal brain functioning is disrupted by a blow or jolt to a person that causes the head and brain to move rapidly back and forth. Recovery from a concussion and its symptoms will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Concussions can impact a student's academics as well as their athletic pursuits.

Clearance by a medical provider may be confirmed by the school Medical Director in accordance with school district regulations and NYS law.

Date	Notes