

Jurupa Unified School District Medical Provider Concussion Statement

- I have read and understand the Jurupa Unified School District *Concussion Management Protocol*.
- I have read and understand the *CIF/CDC Concussion Information Sheet*.
- I have taken the NFHS video course "Concussion in Sports- What You Need to Know".

After reading the CIF/CDC Concussion Information Sheet and reviewing the Jurupa Unified School District Concussion Management Protocol, I am aware of the following information:

_____ A concussion is a brain injury which athletes should report to the medical staff
Initial.

_____ A concussion can affect the athlete's ability to perform everyday activities, and affect
Initial reaction time, balance, sleep, and classroom performance. You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ I will not knowingly allow the athlete to return to play in a game or practice if
Initial he/she has received a blow to the head or body that results in concussion related symptoms.

_____ Athletes shall not return to play in a game or practice on the same day that
Initial they are suspected of having a concussion.

_____ If I suspect an athlete has a concussion, it is my responsibility to refer that athlete to
Initial the appropriate physician for proper evaluation.

_____ I will encourage the athletes to report any suspected injuries and illnesses to
Initial the medical staff or coaches , including signs and symptoms of concussions.

_____ Following concussion the brain needs time to heal. Concussed athletes are
Initial much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____ I am aware that athletes diagnosed with a concussion will be assessed by a Physician.
Initial Once symptoms have resolved. Athletes will begin a graduated return to play protocol following full recovery before being allowed to practice or participate in games.

Printed name of Medical Provider

Signature of Medical Provider

Date