

## Concussion Protocol

Due to the seriousness of brain injury, the following protocol has been put in place for students diagnosed with a concussion.

1. If a head injury is suspected for one of our students, the Athletic Trainer, School nurse, or coach will immediately notify the nurse and administration via [injuryreport@yorkcatholic.org](mailto:injuryreport@yorkcatholic.org). The nurse will inform the student's teachers, counselor, and attendance within 24 hours of receiving the injury report.
2. The student will have 48 hours to obtain the necessary documentation/diagnosis from a physician (see attached). During that 48-hour period, no tests will be administered and the student will be excused from all physical activity (gym, sports, etc.).
3. After a 48-hour period, the student will either provide a physician's diagnosis and information according to the "Physician Recommendation Form for Concussions," will have other orders from the School Athletic Trainer, or will return to full participation in school and physical activity.
4. The following academic accommodations will be in place for the duration of the concussion injury.
  - a. Copies of all class notes will be provided to the student through the Academic Assistance Center (AAC).
  - b. Only major assignments/assessments will be required for make-up work.
5. Other accommodations
  - a. The student will be permitted to visit the nurse for periods of rest as needed.
  - b. See "Physician Recommendation Form for Concussions" for a list of other suggested accommodations.
6. For concussions enduring more than two weeks, an updated copy of the "Physician's Recommendation Form for Concussions" will be required at least every 3 weeks for the duration of the injury.
7. No school activities/sports outside of the regular school day will be permitted until the student is medically cleared and all make up work has been completed.
8. Once the student is cleared from medical accommodations related to the concussion, the following protocol will be followed:
  - a. The nurse will notify the student services team (teachers, guidance, and administration) that the student has been medically cleared.
  - b. The student will return to regular academic expectations for all current assignments and assessments.
  - c. A make-up work schedule for previous major assessments will be established between the AAC teacher, teachers, and student.
  - d. The content area teacher will inform the AAC teacher when all necessary make up assessments have been completed. The AAC teacher will keep the parents and student services team informed regarding make up work.
9. Semester only courses will be subject to rescheduling if more than 25% of the course is missed due to the duration of a concussion injury. Seniors who fall within this situation will work with the Director of Studies to discuss alternative options.
10. Students who suffer a concussion injury for more than 25% of the school year may be asked to seek other educational options to obtain credit for the school year.
11. The administration reserves the right to make adjustments to this protocol in cooperation with the school athletic trainer and/or medical provider as necessary.

**I attest that I have read the Concussion Protocol.**

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Parent Signature

Date

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Parent Printed Name

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Student(s) Name(s)

## Physician Recommendations for Concussion

\_\_\_\_\_ is a student at York Catholic Middle School or High School who has been diagnosed with a concussion injury. It is reported to us that he/she is being treated by a physician at your office. Please complete the following form and return it to our office by fax or email within 24 hours. Forms may be faxed or emailed to our nurse, Mrs. Sarah DeLuca, at [sdeluca@yorkcatholic.org](mailto:sdeluca@yorkcatholic.org) or fax number 717-843-4588. As partners in the students' circle of care, please keep the school informed regarding changes or updates to these recommendations.

***Please complete the following:***

School absence necessary?  Yes  No

Date for return to school \_\_\_\_\_

½ days necessary?  Yes  No

Date for return to full days \_\_\_\_\_

Recommended duration of screen time for technology use/viewing \_\_\_\_\_

Recommended duration of time for sustained reading \_\_\_\_\_

Recommended duration of time for sustained testing \_\_\_\_\_  
York Catholic will determine the setting and method of testing.

Recommended duration of time for nightly homework completion \_\_\_\_\_

Is the student permitted to attend daily lunch and other school assemblies/activities with high levels of volume?  Yes  No

Sunglasses necessary in bright areas?  Yes  No

Next physician visit date \_\_\_\_\_

Other notes: \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Signature \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_