FUQUA SCHOOL CONCUSSION POLICY

Fuqua School recognizes that the cornerstone of concussion management is physical and cognitive rest until symptoms resolve and a gradual program of exertion prior to medical clearance and return to play. The school understands that resulting impairments can be multifaceted and can include cognitive, behavioral, and/or physical deficits. Impairments can be mild or severe, temporary, or permanent, resulting in partial or total loss offunction. Because concussions are so varied and unpredictable, it is difficult to forecast the recovery for a student with a brain concussion.

Any Fuqua School student athlete suspected by his/her coach, trainer, or licensed health care provider of sustaining a concussion or brain injury in a practice or game will be removed from play immediately.

Any student athlete who has been removed from play due to a suspected concussion or brain injury, will not return to play the same day of the injury nor until evaluated by an appropriate licensed health care provider and approved by the health care provided to return to play. Approval must be in writing.

Following return to play, coaches wilt monitor the injured student athlete closely to check for symptoms. If symptoms are observed, the parent will be notified, and the student will be required to be evaluated by an approved health care provided before returning to play.

All student athletes will be advised of the symptoms and dangers of concussions, including the potential dangers of getting a concussion when a prior concussion has not properly healed. They will also be informed regarding what to do if they notice behavior in another player symptomatic of a concussion.

All Fuqua School coaches will be trained in how to recognize the signs and symptoms of a concussion, strategies to reduce the risk of concussions, and Fuqua School's Concussion Policy.

At the beginning of each sports season, parents of the student athletes will be provided information regarding concussions and the school's concussion policy.

Sign below acknowledging you have received this information and have reviewed it with your child. Please return this to the coach.

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Student’s Signature

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Parent's Signature

_____

Date