

# Lakeland School System

Monitoring: <b>Review: Annually, in April</b>	Descriptor Term: <b>Prevention and Treatment of Sports Related Concussions</b>	Descriptor Code: <b>6.413</b>	Issued Date: <b>09/08/16</b>
		Rescinds: <b>6.413</b>	Issued: <b>02/08/16</b>

1 A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. In order  
2 to ensure the safety of students that participate in interscholastic athletics, it is imperative that student  
3 athletes, coaches, and parents are educated about the nature and treatment of sports related concussions.  
4 The board recognizes that concussions can be a serious health issue and should be treated as such.

5 The board adopts the guidelines and other pertinent information and forms developed by the Tennessee  
6 Department of Health to inform and educate coaches, school administrators, student athletes, and  
7 parent(s) / guardian(s) of the nature, risk and symptoms of concussions and head injuries. These  
8 guidelines and materials may be viewed on the Department of Health's website and shall be made  
9 available to interested parties through the Central Office.

10 This policy shall govern all activities and those individuals involved in those activities which constitute  
11 an organized athletic game or competition against another team or in practice or preparation for an  
12 organized game or competition. It does not govern those activities or individuals involved in those  
13 activities which are entered into for instructional purposes only or those that are incidental to a  
14 nonathletic program or lesson.

## 15 **REQUIRED TRAINING** <sup>1</sup>

16 The Superintendent shall ensure that each school's athletic director and coaches, employed or volunteer,  
17 annually complete the *Concussion in Sports – What You Need to Know* online course. This course may  
18 be accessed online at [www.nfhslearn.com](http://www.nfhslearn.com).

19 Prior to the annual initiation of practice or competition, the following persons must review and sign a  
20 concussion and head injury information sheet approved by the Tennessee Department of Health: the  
21 Superintendent, licensed healthcare professionals (if appointed), each school athletic director, and each  
22 coach, employed or volunteer.

23 In addition, prior to the annual initiation of practice or competition, all student athletes and their parent(s)  
24 / guardian(s) shall review the concussion and head injury information sheet approved by the Tennessee  
25 Department of Health. A form confirming this review shall be signed and returned by the student athlete,  
26 if the athlete is eighteen (18) years of age or older; or by the student athlete's parent(s) / guardian(s), for  
27 athletes younger than eighteen (18) years of age.

28 All documentation of the completion of a concussion recognition and head injury safety education course  
29 program and signed concussion and head injury information sheets shall be maintained by the  
30 Superintendent or his/her designee for a period of three (3) years.

## 1 **Removal from Athletics** <sup>1</sup>

2 Any student athlete who shows signs, symptoms and/or behaviors consistent with a concussion during  
3 an athletic activity or competition shall be immediately removed for evaluation by a licensed healthcare  
4 professional, if available, and if not, by the coach or other designated individuals.

5 No student athlete who has been removed from an athletic activity or competition due to a concussion  
6 or suspected concussion shall be allowed to return to any supervised team activities involving physical  
7 exertion, including games, competitions, or practices, until the student athlete has been evaluated by and  
8 received written clearance on forms approved by the Department of Health from a licensed health care  
9 provider for a full or graduated return. "Health care provider" means a Tennessee licensed medical  
10 doctor (M.D.), osteopathic physician (D.O.), a clinical neuropsychologist with concussion training, or a  
11 physician's assistant (P.A.) with concussion training who is a member of a health care team supervised  
12 by a Tennessee licensed medical doctor or osteopathic physician.

13 This requirement for clearance prior to a student athlete returning to an athletic activity shall not apply  
14 if there is a legitimate explanation other than a concussion for the signs, symptoms, and/or behaviors  
15 observed.

16 The Superintendent or his/her designee shall ensure that all protocols approved by the Tennessee  
17 Department of Health or required by law relative to the provisions of this policy are followed and  
18 implemented within each school.

---

### Legal References

1. TCA 68-55-502
2. Public Chapter No. 948