



Concussion Management Policy

PAYS recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activity. Therefore, PAYS adopts the following policy and guidelines to assist in the proper evaluation and management of head injuries.

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Any athlete demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a PAYS-sponsored activity shall be removed from the game or practice and be evaluated as soon as possible by an appropriate health care professional. PAYS coaches should notify the athlete's parents or guardians and recommend appropriate monitoring to parents or guardians. The athlete should not return to practice or games until released by an appropriate health care professional. PAYS coaches will require a note from the athlete's doctor before allowing the athlete to return to games and/or practices. Any athlete who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by the health care provider.

In the event that a concussion or related injury occurs, a parent or guardian must fill out the **Concussion or Suspected Head Injury Report Form**. To fill out an official report, please print **Page 2** of this document and send it to paysboard@gmail.com within 24 hours of an incident.

PAYS will adhere to the rules and regulations given to us from each league and will reserve the right to change the requirements of the Concussion Management Policy at any time to be in compliance.



PLYMPTON ATHLETIC YOUTH SPORTS Concussion or Suspected Head Injury Report Form

PARENT/GUARDIAN USE ONLY

Please use this form to report suspected concussions or head injuries to the PAYS Board.

Player Information

First and Last Name	Gender	Date of Birth	Grade
Home Address	Phone Number	Sport	

Date of injury	Did the incident take place during an event managed by PAYS? Yes _____ No _____	If so, where did incident take place?
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Describe the nature and extent of injuries to the player:

For Parents/Guardians

Did the player receive medical attention? Yes _____ No _____	If yes, was a concussion diagnosed? Yes _____ No _____
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I understand that in order for my child to return to and participate in a PAYS practice or game, I must receive a medical note from a certified medical practitioner. The medical note must contain language that my child is cleared for full activity without restriction.

I understand that PAYS will abide by the most recent concussion protocols given to us by each league, and that those protocols may override the language in the PAYS Concussion Management Policy.

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

Name of person completing form (please print): _____

Signature: _____ Date: _____

PAYS Use Only

Received by: _____ Date: _____

Please email completed report to paysboard@gmail.com