



## CONCUSSION POLICY

If a player shows symptoms of concussion before, during or after a match, that player must be removed from play immediately, not to return during that match. No Exceptions.

The player needs to be evaluated by appropriate medical staff/qualified health care professionals, as under subsection (5) of section 33-1625, Idaho Code. Best practice would be by a medical physician who has training in concussion evaluation and management. A Player must do this before returning to play rugby in any form.

If a concussion is diagnosed, that player must sit out of activity with full rest for a minimum of 2 weeks (14 full days) AND be symptom free before beginning the 5 day Graduated Return to Play Protocols (GRTP). In total a minimum of at least 19 days. Not returning to contact rugby before GRTP is fully complete and the player is symptom free. The athlete must be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified healthcare professional. (Return to Learn- new as of 7/1/16, under subsection (7) of section 33-1625, Idaho Code)

Once a player is cleared by a physician or qualified medical personnel, they should be closely monitored for any lingering symptoms by coaches, parents, teammates and medical staff and be removed from play immediately if symptoms occur.

### *Information Sheets About Concussions:*

- [CDC Parent Heads Up Concussion Fact Sheet](#)
- [CDC Athlete Heads Up Concussion Fact Sheet](#)
- [CDC Parent & Athlete Heads Up Concussion Fact Sheet](#)

Once you have reviewed the concussion information and policy, please complete the acknowledgment form below.

### *PARENT/GUARDIAN CONCUSSION ACKNOWLEDGMENT FORM*

By signing below, I hereby acknowledge that this registration format has provided me with the necessary and appropriate information on concussions as mandated under subsection (3) of section 33-1625, Idaho Code AND the USA Rugby and Rugby Idaho Concussion Policy. The information included appropriate guidelines and information that identified the signs and symptoms of concussion and head injury in accordance with the standards of the Centers for Disease Control and Prevention. I acknowledge that in addition to receiving the information designated in the above paragraph, that I have had adequate time to review the materials. I acknowledge that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue play after sustaining a concussion.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_