

Concussion Management Policy & Protocol

A customizable template for schools, districts, clubs, and sports teams

Organization / school / team	[Enter organization name]
Address	[Enter address]
Policy effective date / version	[Date] Version [1.0]
Adopted / approved by	[Name, title]

How to use this template. Replace every [bracketed] field with your program’s information, then review each section and adjust it to your program and your state’s youth-sports concussion law. Two items in particular must match your state: who may clear an athlete to return, and any mandatory minimum removal period (see Section 10). Have qualified medical and legal advisors review the final document before you adopt it.

1. Purpose and scope

This policy establishes how [Organization] recognizes, responds to, and manages suspected and diagnosed concussions in athletes participating in [Organization]-sponsored practices, games, and activities. It applies to all athletes, coaches, staff, volunteers, officials, and parents/guardians associated with the program.

The goal is athlete safety: to remove any athlete with a suspected concussion from play immediately, ensure appropriate evaluation, support a graduated return to learning and to sport, and document each case. This policy is designed to meet or exceed the requirements of applicable state law and to reflect current medical consensus.

2. Definitions

- **Concussion** — a mild traumatic brain injury caused by a direct or indirect biomechanical force transmitted to the head, resulting in a disturbance of brain function. A concussion may occur with or without loss of consciousness.
- **Suspected concussion** — any athlete who shows signs, reports symptoms, or displays behavior consistent with a concussion following an observed or reported head/body impact.
- **Qualified health care provider (HCP)** — a licensed provider authorized under [state] law to evaluate and clear athletes after a concussion (for example, a physician / MD or DO). [Confirm the exact provider types your state authorizes.]
- **Return-to-Learn (RTL)** — a graduated, medically informed return to academic activity.
- **Return-to-Play (RTP)** — a graduated, stepwise return to sport that ends with written medical clearance.

3. Concussion education and annual acknowledgment

Before each season, the following groups must receive concussion education and sign an acknowledgment that is kept on file for [retention period, e.g., the athlete’s tenure plus 1 year]:

- Coaches and assistant coaches (and, where applicable, officials and volunteers).

- Athletes.
- Parents/guardians of athletes who are minors.

Education must cover: what a concussion is, how to recognize signs and symptoms, the "when in doubt, sit them out" rule, the dangers of returning to play too soon (including second-impact syndrome), and this policy's reporting and return procedures. [Designate the education source and format — e.g., CDC HEADS UP course, state-required module.]

4. Recognition and immediate removal from play

When in doubt, sit them out. Any athlete with a suspected concussion is removed from practice or competition immediately and is not permitted to return to play on the same day. Removal does not require a diagnosis — suspicion is enough.

Common signs and symptoms are listed in Appendix A. Any coach, athletic trainer, official, teammate, or parent may initiate a removal. The decision to remove is not overruled by coaching staff, the athlete, or parents.

Emergency ("red flag") signs — call 911

Activate emergency medical services immediately if an athlete shows any of the following after a head impact:

- Loss of consciousness, or deteriorating level of consciousness
- Repeated vomiting, worsening or severe headache
- Seizure or convulsion
- Weakness, numbness, or difficulty with speech or vision
- Increasing confusion, agitation, or unusual behavior
- Neck pain or suspected spine injury

5. Evaluation by a health care provider

An athlete removed for a suspected concussion must be evaluated by a qualified HCP before beginning the return process. A standardized sideline/clinic tool (for example, the SCAT6 or Child SCAT6) may be used to support — but not replace — clinical judgment.

The athlete and parents/guardians must receive written home-care instructions and guidance on warning signs that require urgent re-evaluation. No athlete returns to full learning or to sport without progressing through the stages below and, where required, written medical clearance.

6. Return-to-Learn (RTL)

Academic recovery comes before athletic recovery. An athlete should be tolerating a full or near-full academic load before completing return-to-play. Progression is symptom-guided; if a stage clearly worsens symptoms, the athlete steps back to the previous stage and re-attempts after rest. [Designate the RTL coordinator — e.g., school nurse or counselor — and how accommodations are documented.]

Stage	Activity
1	Daily activities at home that do not provoke symptoms (light cognitive activity in short blocks).
2	School-type activities at home — reading, limited homework, short screen periods.
3	Part-time return to school with accommodations (rest breaks, reduced workload, extended

	time).
4	Full days at school with accommodations as needed.
5	Full return to school with no accommodations.

7. Return-to-Play (RTP): the 6-step graduated protocol

Return to sport follows the graduated return-to-sport strategy (Amsterdam 2023 consensus). The athlete spends a minimum of 24 hours at each step. There must be no return or worsening of concussion symptoms before advancing to the next step. If symptoms recur, the athlete stops, rests, and resumes at the previous symptom-free step after at least 24 hours.

Written medical clearance from a qualified HCP is required before Step 5 (full-contact practice) and before unrestricted return to competition (Step 6). [Adjust to your state's clearance requirement.]

Step	Stage	What the athlete does / goal
1	Symptom-limited activity	Daily activities that do not provoke symptoms; gradual reintroduction of school/work.
2	Light aerobic exercise	Walking or stationary cycling at slow-to-medium pace. No resistance training. Goal: increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head-impact activities. Goal: add movement.
4	Non-contact training drills	Harder training drills (e.g., passing). May start progressive resistance training. Goal: exercise, coordination, and increased thinking.
5	Full-contact practice	After written medical clearance, participate in normal training activities. Goal: restore confidence; staff assess functional skills.
6	Return to sport	Unrestricted return to competition.

8. Documentation and recordkeeping

[Organization] maintains a concussion log for every suspected or diagnosed concussion, plus the signed return-to-play clearance form for each athlete (see Appendix B, or use the printable form at drneilpatelmd.com/return-to-play-form). Records are kept confidential and retained for [retention period].

Date	Athlete	Sport / activity	Removed by	Evaluated by (HCP)	Cleared by / date

9. Roles and responsibilities

Role	Responsibilities
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Athletic director / administrator	Owns and annually reviews this policy; ensures education and acknowledgments are completed; maintains records.
Coach	Completes education; enforces immediate removal; never returns a suspected-concussion athlete the same day; supports the RTP progression.
Athletic trainer (if available)	Assists with recognition, sideline assessment, and supervising the graduated RTP steps.
School nurse / RTL coordinator	Coordinates return-to-learn accommodations and communication with teachers.
Qualified health care provider	Evaluates the athlete, provides written clearance, and directs the return process.
Parent / guardian	Reports symptoms; ensures follow-up evaluation; supports home care and the return plan.
Athlete	Reports symptoms honestly — own and teammates' — and follows the return plan.

10. Customizing this policy for your state

Every state's youth-sports concussion law differs. Before adopting this policy, confirm and edit the following to match [state] law:

- **Clearance authority** — exactly which provider types may clear an athlete to return.
- **Minimum removal period** — any mandatory minimum time out of play.
- **Education requirements** — required courses and how often they must be completed.
- **Acknowledgment forms** — any state-specified information sheet or signature requirement.
- **Reporting** — any required reporting to the state or an athletic association.

A state-by-state summary is maintained at drneilpatelmd.com/concussion-laws-by-state. This template is a starting point, not legal advice; verify current requirements with your state and counsel.

11. Annual review and approval

This policy is reviewed at least annually and updated as state law and medical guidance change. Last reviewed: [date]. Next review due: [date].

Approved by (name)	Title	Signature / date

Appendix A — Concussion signs and symptoms

A concussion should be suspected if an athlete shows any observed sign or reports any symptom after a head or body impact. Symptoms may be delayed by hours.

Signs observed by others

- Appears dazed, stunned, or confused about assignment or position
- Moves clumsily; answers questions slowly; forgets plays
- Loses consciousness (even briefly)
- Shows behavior or personality changes; can't recall events before/after the hit

Symptoms reported by the athlete

- Headache or "pressure" in the head; nausea; balance problems or dizziness
- Double or blurry vision; sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy; confusion; memory problems
- Just "not feeling right" or "feeling down"

Appendix B — Return-to-play clearance form (single athlete)

Complete one form per athlete. This mirrors the printable form at drneilpatelmd.com/return-to-play-form.

Athlete name / date of birth	
Sport / team	
Date of injury	
Date of evaluation	
Provider name / credentials	
Cleared for unrestricted return-to-play?	<input type="checkbox"/> Yes <input type="checkbox"/> No, continue graduated protocol
Provider signature / date	

Basis. This template reflects the CDC HEADS UP concussion guidance and the graduated return-to-sport strategy in the Amsterdam 2023 consensus statement on concussion in sport (British Journal of Sports Medicine). It is provided for educational purposes and is not medical or legal advice. Confirm your state's current requirements and have the final policy reviewed by qualified medical and legal advisors before adoption.

Template by Dr. Neil J. Patel, MD, MBA — board-certified sports neurologist. Free to customize and adopt. More resources: drneilpatelmd.com/concussion-consultant