

## Parkston School District – Student-athlete Health

For the protection of student athletes, if a student suffers a substantial physical injury and/or concussion or concussion symptoms, the student shall not be permitted to participate in an athletic activity until he or she is cleared for participation in the activity by a physician licensed by the South Dakota Board of Medical and Osteopathic Examiners (or similar out-of-state licensing body if the physician isn't located in South Dakota), or a physician's assistant. The clearance by the physician must be in writing on the following form and **must** refer to the physical injury for which the student was barred from participation, and **must** refer to the athletic activity for which the student is being cleared for participation. For purposes of this provision, a substantial physical injury includes all concussions and/or concussion symptoms, all fractures, and any other physical injury that in the opinion of school administration should be evaluated by a physician prior to resuming participation in the school activity. This provision shall not be construed to prevent licensed chiropractors from conducting necessary sports participation physicals which are required by the SD High School Activities Association.

In addition to the above guidelines district high schools will abide by the rules and bylaws of the South Dakota High School Activities Association (SDHSAA). Membership in the SDHSAA will be renewed annually by approval of the Board.

**Introduced: May 9, 2011**

## RETURN TO COMPETITION FORM

This form is to be used after an athlete is removed from and not returned to competition after exhibiting a substantial physical injury and/or concussion symptoms. The athlete will not be returned to play until written authorization is obtained from an appropriate health care professional and the parent/guardians.

Appropriate health care professional shall be determined by the school district. This form shall be kept on file at the school and need not be forwarded to the SDHSAA Office.

Athlete: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

### REASON FOR ATHLETE'S INCAPACITY

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### Guidelines for Returning to an Activity after a Concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms.
2. Light exercises: walking or stationary cycling with no symptoms.
3. Sport specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms.

Note:

1. If symptoms return at any time during the rehabilitation process, wait until asymptomatic for 1 full day, then re-start at the previous step.
2. Never return to competition with symptoms.
3. Do not use "smelling salts".
4. **When in doubt, sit them out.**

### HEALTH CARE PROFESSIONAL'S ACTION

I have examined the named student-athlete following this episode and determined the following:

\_\_\_\_\_ **Permission is granted** for the athlete to return to competition in the sport of \_\_\_\_\_

\_\_\_\_\_ **Permission is not granted** for the athlete to return to competition

COMMENT: \_\_\_\_\_

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\_\_\_\_\_ Date: \_\_\_\_\_

Health Care Professional

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

\_\_\_\_\_ Date: \_\_\_\_\_

School Administrator