Concussion Protocol

On July 28th, 2011, Illinois Governor Pat Quinn signed the concussion bill into law. This law requires schools to adopt a policy regarding student athlete concussion and head injuries. Student athletes are required to sign a concussion protocol statement prior to participation in practice or intercollegiate competition. The protocol below has been established for your safety and wellbeing.

Please understand that you are required to immediately inform the Head Athletic Trainer, Assistant Athletic Trainer and Team Physician of any prior medical history involving a concussion or head injury, and document past medical history information on your pre-participation physical. You are also required to immediately report any concussion or head injury incurred during intercollegiate athletic participation at Trinity Christian College to the Head Athletic Trainer, Team Physician and Assistant Athletic Trainer.

All athletes suspected of a concussion will be referred to appropriate medical personnel for evaluation of a possible head injury. If necessary, as deemed so by the evaluating medical personnel, the athlete will be referred to a specialist for further evaluation and treatment. Upon evaluation from appropriate medical personnel, the following steps will be implemented prior to returning the athlete to full return to play status.

(Progression in the protocol is determined solely by the Head Athletic Trainer, Team Physician and/or Medical Specialist).

Step 1 – B. “Bike” The athlete will bike for approximately 30 minutes.
Step 2 – R. “Run” The athlete with run for approximately 30 minutes
Step 3 – A. “Agility” The athlete will conduct various sprinting and agility drills.
Step 4 – I. “In Red” The athlete is considered “In Red”, thus may take place in non-contact drills
Step 5 – N. “No Restrictions” The athlete may resume practice with no restrictions
Step 6 – G. The athlete may participate under supervised game play conditions.

By signing the concussion protocol document, you agree that you have read and understand the procedures that will be put into place should you experience a concussion or head injury during your athletic participation experience at Trinity Christian College.

Print Name:____________________________________________________________________
Sign Name:____________________________________________________________________
Today’s Date:_________________________________________________________________
Date of Past Concussion(s)/Head Injury:_________________________________________