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| **Germantown Municipal School District** | | | |
| Monitoring:  **Review: Annually, in September** | Descriptor Term:  **Concussion** | Descriptor Code:  **6.413** | Issued Date:  **10/17/16** |
| Rescinds:  **6.413** | Issued:  **05/05/14** |

Each year, all GMSD student-athletes and the student-athlete’s parent or guardian must sign a statement acknowledging that they have reviewed and signed the materials from TSSAA describing the signs and symptoms of concussions, criteria for removal from and return to athletic participation, and the risks of not reporting the injury and continuing to play. Each coach shall make available the forms that are to be signed and returned by each student-athlete. The forms are also available on the TSSAA website. The signed form should be on file with coaches, before the student-athlete participates. Each coach shall maintain each athlete’s file for three (3) years.

Each coach, regardless of whether they are GMSD employees shall comply with TSSAA concussion requirements. After the completion of the concussion course(s), the school’s Athletic Director shall maintain for three (3) years and make available the certificate of completion for coaches and the signed “Information and Signature Form” or any other form TSSAA has designated as necessary for compliance.

**Removal from Athletics1**

Any student athlete who shows signs, symptoms and/or behaviors consistent with a concussion during an athletic activity or competition shall be immediately removed for evaluation by a licensed healthcare professional, if available, and if not, by the coach or other designated individuals.

No student athlete who has been removed from an athletic activity or competition due to a concussion or suspected concussion shall be allowed to return to any supervised team activities involving physical exertion, including games, competitions, or practices, until the student athlete has been evaluated by and received written clearance on forms approved by the Department of Health from a licensed health care provider for a full or graduated return. "Health care provider" means a Tennessee licensed medical doctor (M.D.), osteopathic physician (D.O.), a clinical neuropsychologist with concussion training, or a physician’s assistant (P.A.) with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.2

This requirement for clearance prior to a student athlete returning to an athletic activity shall not apply if there is a legitimate explanation other than a concussion for the signs, symptoms, and/or behaviors observed.

Schools, Administrators, Coaches, Student-Athletes, and Parents shall conform to the aforementioned procedures and all others as outlined by TSSAA and TCA § 68-55-502.

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| Legal References |  |
| 1. TCA 68-55-502 2. TCA 68-55-501 |  |