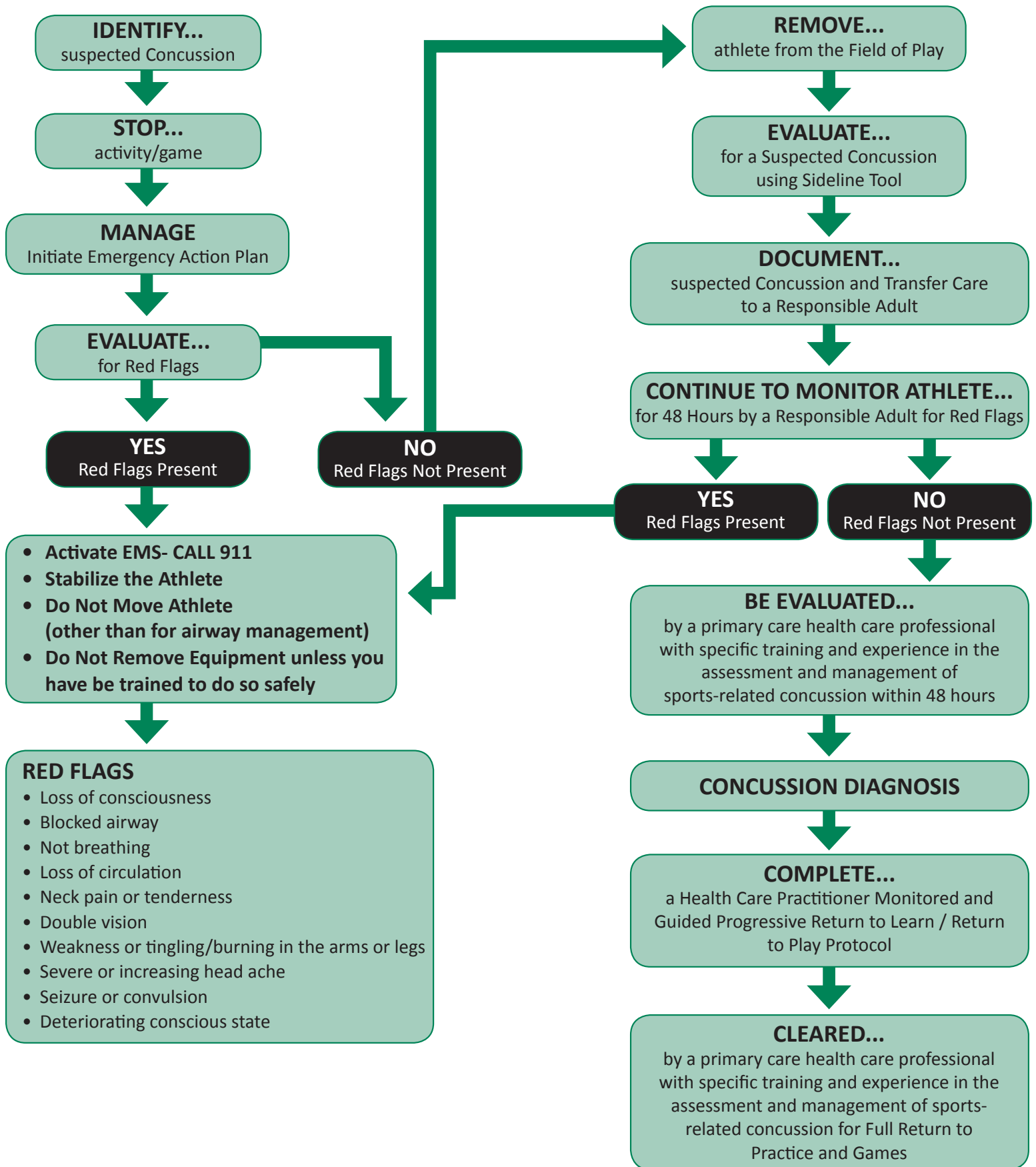


SMSCS CONCUSSION ACTION PLAN FLOW CHART



SMSCS CONCUSSION ACTION PLAN

Record of Concussion

- Athlete Name: _____
- Date of Suspected Concussion: _____
- Name of Person Monitoring Athlete at the scene: _____
- Relationship to the athlete: _____
- Description of what happened: (Blow to head, Hit to the body, etc): _____

- EMS called: Yes No **OR**
- Athlete care transferred to responsible adult: Yes No
- Name of Parent/Guardian responsible for at home monitoring of athlete: _____
 - Relationship to the athlete: _____
 - Concussion information sheet provided: Yes No

-
- Date athlete assessed by primary care health care professional: _____
 - Supervising health care professional: _____ Profession: _____
 - Concussion Diagnosis: Yes No

-
- Athlete Returned to School: Yes No

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- Cleared for Participation in Non-Contact Training Drills (Step 4 SCAT5): Yes No Date: _____
 - Supervising health care professional: _____ Profession: _____
 - Note from Professional Received: Yes No

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- Cleared for Full Contact Practice (Step 5 SCAT5): Yes No Date: _____
 - Supervising health care professional: _____ Profession: _____
 - Note from Professional Received: Yes No

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- Cleared for Return to Play/Sport (Step 6 SCAT5): Yes No Date: _____
 - Supervising health care professional: _____ Profession: _____
 - Note from Professional Received: Yes No