

CONCUSSION PROTOCOL & RETURN-TO-PLAY / LEARN FORM

Middle School Athletics | NFMS Member School Form

NFMS CONCUSSION POLICY STATEMENT

Any student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from practice or competition. The athlete may NOT return to play on the same day. A licensed healthcare provider trained in concussion management must provide written clearance before the athlete resumes activity. This policy applies to all NFMS-affiliated middle school programs and aligns with applicable state law.

SECTION 1 — INCIDENT INFORMATION

Athlete Name:	_____	Date of Injury:	_____
School:	_____	Sport / Activity:	_____
Coach Removing Athlete:	_____	Time Removed:	_____

SECTION 2 — SYMPTOM CHECKLIST (Check all that apply at time of injury)

<input type="checkbox"/> Headache or pressure in head	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> Balance problems or dizziness	<input type="checkbox"/> Double or blurry vision
<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Sensitivity to noise
<input type="checkbox"/> Feeling sluggish, foggy, or groggy	<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Feeling more emotional
<input type="checkbox"/> Sleeping more than usual	<input type="checkbox"/> Difficulty falling asleep
<input type="checkbox"/> Loss of consciousness (duration: _____)	<input type="checkbox"/> Amnesia surrounding the incident
<input type="checkbox"/> Confusion / disorientation	<input type="checkbox"/> Slurred speech

SECTION 3 — GRADUATED RETURN-TO-PLAY PROTOCOL

Each step requires a minimum of 24 hours. If any symptoms return, athlete drops back to previous step.

Step	Activity	Requirement	Date Completed	Initials
Step 1	Complete physical and cognitive rest	No symptoms for 24+ hrs at rest		
Step 2	Light aerobic activity (walking, swimming)	No increase in symptoms		
Step 3	Sport-specific exercise (running drills)	No increase in symptoms		
Step 4	Non-contact training drills	Cleared by healthcare provider		

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Step 5	Full-contact practice (with medical clearance)	Written clearance in hand		
Step 6	Return to full competition	Athlete, parent, provider all sign off		

SECTION 4 — RETURN-TO-LEARN CONSIDERATIONS

Academic accommodations may be required simultaneously with the return-to-play protocol. Coach must notify the school counselor / 504 coordinator upon diagnosis. Possible accommodations: reduced homework load, extended time on tests, rest breaks, and avoidance of bright screens.

SECTION 5 — HEALTHCARE PROVIDER CLEARANCE

I have evaluated the athlete named above and determined that he/she has recovered from concussion and is medically cleared to return to full athletic participation.

Provider Signature:	_____	Date of Clearance:	_____
Printed Name:	_____	License # / Credential:	_____
Phone:	_____	Practice / Clinic:	_____
Parent/Guardian Signature:	_____	Date:	_____
Athletic Director / Coach Signature:	_____	Date:	_____