WRANGLERS
ELBERT COUNTY

Elbert County Wranglers – Concussion Protocol

(Quick Reference)

If a concussion is suspected:

REMOVE athlete from play immediately - DO NOT allow same-day return - Monitor for RED FLAGS: • Loss of consciousness • Worsening headache • Vomiting • Seizure • Slurred speech • Unequal pupils • Extreme confusion • Neck pain or tenderness • Changes in Vision • Weakness/numbness in limbs

Call 911 if red flags appear - Notify parents ASAP - Athlete must be medically evaluated - Athlete must have WRITTEN medical clearance to return

Common Symptoms:

Headache, dizziness, confusion, balance issues, light/noise sensitivity, nausea, memory problems, sluggishness, blurred or double vision.

Return-to-Play Steps (24 hours each):

1. Symptom-free rest
2. Light aerobic exercise
3. Moderate activity
4. Non-contact drills
5. Full practice
6. Competition return

If symptoms return ⟶ rest 24 hours ⟶ resume previous step.

Medical Disclaimer:

This protocol is for informational purposes only and does not constitute medical advice. The Elbert County Wranglers and its representatives assume no responsibility for medical evaluation or treatment. Parents/guardians are responsible for obtaining proper medical care and clearance for any suspected concussion. Participation constitutes acknowledgment and acceptance of these terms and releases the organization from liability related to head injuries.

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Elbert County Wranglers Concussion Management Policy

The Elbert County Wranglers are committed to athlete safety and follow a strict concussion policy.

Education Requirements:

-Coaches complete annual concussion training.

-One team mom per team complete annual concussion training.

- Parents receive concussion information at registration.

Suspected Concussion:

- Remove athlete from play.
- No same-day return.
- Notify parents.
- Call EMS if red flags appear.

Medical Evaluation:

- Must be evaluated by licensed provider.
- Written clearance required.

Return-to-Play:

- Athlete progresses through steps.
- Parents need to document each step. A coach can assist but it is the parents ultimate responsibility since they have more direct observation of the athlete.
- If symptoms recur, regress to previous step.

Recordkeeping:

The organization maintains:

-Incident reports,

-Parent communication,

-Medical paperwork,

-RTP (Return to Play) forms.

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Parent Information Sheet

What Parents Need to Know About Concussions

A concussion is a brain injury caused by a bump, blow, or jolt to the head or body.

Signs You May See at Home

-Trouble concentrating

-Changes in sleep

-Mood changes

-Complaints of headache or nausea

-Sensitivity to light/noise

-Dizziness

-Vision Changes

What Parents Should Do

-Seek Medical Care

-Monitor symptoms for 24–48 hours

-Limit screen time if symptoms worsen

-Ensure rest and hydration

-Follow medical provider recommendations

Important:

Your child cannot return to play until:

- They have been medically evaluated
- Symptoms are fully resolved
- Written clearance is provided
- They complete the RTP (Return To Play) progression with coaching staff

If symptoms worsen → seek immediate medical care.

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Incident Report Form

Elbert County Wranglers – Concussion Incident Report

Athlete Name: _____

Date of Injury: _____

Sport/Team: _____

Coach on Duty: _____

IMPORTANT: DO NOT GIVE MEDICATION IF CONCUSSION IS SUSPECTED

Describe the incident:

_____

_____

_____

_____

Observed Symptoms (check all that apply):

□Headache □Dizziness □Confusion □Balance issues □Memory problems □Vision Changes □Behavior changes □Loss of consciousness □Nausea/Vomiting □Light/noise sensitivity □ Other: _____

Immediate Actions Taken: □ Removed from play □ Parent notified □ EMS activated

Notes:

Coach Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SUBMIT THIS COPY TO WRANGLERS ORGANIZATION

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Incident Report Form

Elbert County Wranglers – Concussion Incident Report

Athlete Name: _____

Date of Injury: _____

Sport/Team: _____

Coach on Duty: _____

IMPORTANT: DO NOT GIVE MEDICATION IF CONCUSSION IS SUSPECTED

Describe the incident:

_____

_____

_____

_____

Observed Symptoms (check all that apply):

□Headache □Dizziness □Confusion □Balance issues □Memory problems □Vision Changes □Behavior changes □Loss of consciousness □Nausea/Vomiting □Light/noise sensitivity □ Other: _____

Immediate Actions Taken: □ Removed from play □ Parent notified □ EMS activated

Notes:

Coach Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SUBMIT THIS COPY TO THE PARENT/GUARDIAN

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Return-to-Play (RTP) Progression Form

Athlete Name: _____

Each step requires at least 24 hours symptom-free. Coach initials each step.

1. Rest (Symptom-Free) – Initials: _____ Date: _____
2. Light Aerobic Activity – Initials: _____ Date: _____
3. Moderate Activity – Initials: _____ Date: _____
4. Non-Contact Drills – Initials: _____ Date: _____
5. Full Practice – Initials: _____ Date: _____
6. Game Clearance – Initials: _____ Date: _____

Notes:

_____

_____

_____

_____

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Medical Clearance Form

Elbert County Wranglers – Concussion Medical Clearance

Athlete Name: _____

Date of Evaluation: _____

Provider Name & Credentials: _____

Clinic/Facility: _____

□ **Athlete is cleared to begin Return-to-Play progression**

□ **Athlete is NOT cleared at this time**

Provider Notes:

_____

_____

_____

_____

_____

_____

Provider Signature: _____

Date: _____