

TITLE: Medical Clearance and Return to Learn (RTL)/Return to Play (RTP) Guidelines for Students Participating in Interscholastic Athletics and Select Auxiliary Units

NUMBER: BUL-4948.3

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ROUTING:

Region Superintendents
Administrators of Operations
Administrators of Nursing
Principals
Assistant Principals
Athletic Directors
School Nurses
School Physicians
Select Auxiliary Unit Supervisors
Band Directors
Coaches

POLICY: Each student planning to participate in the California Interscholastic Federation (CIF) competition must complete an annual *Preparticipation Physical Evaluation (PPE)* conducted by a California qualified and licensed healthcare provider (LHP) prior to engaging in any aspect of the activity including tryouts, practices, and competitions.

Students participating in select auxiliary units, such as marching band and drill team activities must follow the same policy stated above regarding annual PPEs.

If a LHP determines that a student has sustained a concussion or head injury, the student must adhere to a graduated “Concussion Return to Play (RTP) Protocol” (see [Attachment F](#)) spanning no fewer than seven days. This protocol must be conducted under the supervision of a qualified LHP. The School Nurse will verify the completion of and compliance with the RTP protocol and compliance before the student returns to athletic activities. If a student is prescribed a “Concussion Return to Learn (RTL) Protocol” (see [Attachment E](#)), the RTL must be completed before the student returns to their sport, although the student may be in different stages of the two protocols.

If a LHP determines that a student sustained an injury and provides medical documentation, the medical documentation should be given to the School Nurse. The School Nurse will verify the documentation and determine if the student-athlete may return to their sport.

For the purpose of this bulletin, the term “student-athlete” refers to any LAUSD student participating in interscholastic athletic programs and select auxiliary units (e.g., marching band and drill team).

For the purpose of this bulletin, a “California licensed healthcare provider” is defined as a Physician (Medical Doctor [MD] or Doctor of Osteopathic Medicine [DO]), Nurse Practitioner (NP), or Physician Assistant (PA). In the event of a head injury, a student-athlete should be seen by a physician (MD or DO) or licensed professional (NP, PA) under the direct supervision of a physician.

**MAJOR
CHANGES:**

This bulletin replaces BUL-4948.2, dated January 4, 2016, and the title is revised to *Medical Clearance and Return to Learn (RTL)/Return to Play (RTP) Guidelines for Students Participating in Interscholastic Athletics and Select Auxiliary Units* and includes a “Concussion Return to Learn (RTL) Protocol.” Updates in this version are as follows:

1. Expanded guidance on student-athlete health and safety.
2. Addition of RTL protocol:
 - a. Integrates an RTL Protocol (when prescribed) to support students recovering from concussions as they transition back to academic activities.
 - b. Recognizing the cognitive impact of head injuries, the addition of the RTL protocol ensures a structured reintegration into academics for students recovering from concussions.
 - c. Provides a structured approach for gradual reintegration into the classroom environment with the necessary accommodations.
3. Concussion and RTP protocol updates:
 - a. Reflects the 2024 CIF guidelines for managing concussions and RTP protocols.
 - b. Includes procedures for cases where no definitive concussion diagnosis is made, requiring injuries to be treated as concussions by default.
 - c. Ensures adherence to legal and safety standards for student-athletes returning to physical activities.
4. Expanded scope for auxiliary units (e.g., marching band and drill team) to include annual PPEs:
 - a. To emphasize health and safety considerations for students engaged in high-risk physical activities.
 - b. By extending PPE and safety requirements to these groups, the district addresses the physical demands associated with these activities.
5. Injury management protocol enhancements:
 - a. Introduces and outlines a standardized sequence of events checklist for managing student-athlete injuries to ensure consistency and compliance at all school sites ([Attachment H](#)).

- b. Outlines specific responsibilities for coaches, Select Auxiliary Unit Sponsors, Athletic Directors (ADs), Assistant Principals (APs), and School Nurses.
 - c. Provides timelines and detailed instructions for injury documentation and includes protocol for communication with parents/guardians and staff to ensure compliance and accountability.
6. Certified Athletic Trainer (AT) integration:
Introduces a section on the role of ATs at school sites, detailing their responsibilities in injury prevention, immediate care, documentation, and RTP protocol oversight.
7. Alignment with updated CIF protocols:
Incorporating the latest CIF concussion management protocols ensures that District practices remain current with state regulations.

PURPOSE:

The purpose of this bulletin is to provide clear, comprehensive guidelines and protocols for managing the health and safety of student-athletes and participants in selected auxiliary units' activities (e.g., marching band and drill team). It establishes District-wide standards for PPEs, injury management, RTL and RTP protocols, and the integration of ATs at school sites. These guidelines aim to ensure compliance with state laws, CIF rules and guidelines, and District policies while prioritizing the well-being of students engaging in physically demanding activities.

This bulletin also serves to:

- 1. Promote the prevention, assessment, and proper management of injuries sustained during athletic and auxiliary activities.
- 2. Support effective communication and coordination among healthcare providers, school staff, parents/guardians, and students.
- 3. Foster equity in student health and safety by standardizing practices across all LAUSD schools.

BACKGROUND:

CIF serve as an organization through which member high schools may mutually adopt rules relating to interscholastic athletics (grades 9-12) and establish agreed upon minimum standards for certain aspects of the interscholastic athletic program; to guide schools and school districts in the discharge of their responsibilities for, among other considerations, the health, safety, general welfare and educational opportunities of the students taking part in interscholastic athletics.

This bulletin underscores LAUSD's commitment to creating a safe and supportive environment for all students participating in athletics and other physically demanding activities. Through collaboration, training, and adherence to these guidelines, the District aims to minimize risks, support student recovery, and enhance overall well-being.

GUIDELINES: I. PREPARTICIPATION PHYSICAL EXAMINATION FOR INTER-SCHOLASTIC ATHLETICS**A. Goals and Objectives:**

1. The PPE aims to maintain the health and safety of student-athletes during training and competition. This is achieved through the following primary objectives:
 - a. Detect conditions that may be life-threatening or disabling, including cardiac conditions, heat-related vulnerabilities, and other medical risks.
 - b. Detect conditions that may predispose to injury, such as musculoskeletal imbalances, chronic illnesses, or other underlying vulnerabilities.
 - c. Promote holistic athlete well-being by addressing physical, mental, and environmental health considerations.
 - d. Meet legal and administrative requirements of state law, District policies, and CIF rules and guidelines:
 - i. A student-athlete will not be cleared for participation if preexisting conditions listed in the school health record are not noted on the PPE history questionnaire or addressed in the evaluation form.
2. RTL and RTP Protocols:
 - a. The goal of the graduated RTP protocol following head injuries, such as concussions, is to prevent complications, including:
 - i. Second impact syndrome.
 - ii. Post-concussion syndrome.
 - iii. Permanent neurologic deficits.
 - These protocols are essential for ensuring student-athlete safety and are compliant with legal and administrative standards.
 - b. Additionally, the RTL protocol addresses the cognitive and academic needs of student-athletes recovering from head injuries, ensuring a gradual transition back to full academic participation.
 - i. If the RTL protocol is prescribed, it must be completed and documented before the student-athlete completes the RTP protocol.
3. Evaluation and Clearance Requirements:
 - a. All injuries that result in any of the following must be evaluated and cleared by a qualified California LHP:
 - i. Transportation to an Emergency Room (ER).
 - ii. Visits to an Urgent Care (UC), ER, or MD.

- iii. Absences from athletic activities for more than five days due to injury or illness.
 - b. The LHP must document:
 - i. The student-athlete's clearance to resume activities.
 - ii. Any required accommodations (e.g., crutches, activity restrictions) necessary to support the student-athlete's recovery.
- 4. Verification by School Nurse:

The School Nurse must review and verify all medical documentation before the student-athlete is permitted to return to any athletic activities, including selected auxiliary units (e.g., marching band and drill team).
- B. Qualifications of the Examiners:
 - 1. The qualification of an examiner to perform the PPE is based on their training and clinical expertise. The District accepts medical clearance only from California LHPs in the following groups:
 - a. Physician (MD/DO).
 - b. Nurse Practitioner (NP).
 - c. Physician Assistant (PA).
 - 2. NPs and PAs who are licensed in the state of California may perform PPEs under the direct or indirect supervision of a California licensed physician. Co-signatures by supervising physicians are not required by law and should not be required on PPE forms.
 - 3. School Nurses and Certified ATs may contact LHPs to verify medical clearances or recommendations to ensure the health and safety of the student-athlete. If additional information is needed, a release may be required.
 - 4. At school sites with Certified ATs, the School Nurse and AT should work in partnership to manage the student's RTL and RTP protocols.
 - 5. Only California LHPs (MD, DO, NP, or PA), should evaluate a suspected concussion and clear a student-athlete for RTP and RTL.
- C. Timing and Frequency of the Evaluation:
 - 1. A full PPE must be conducted *annually* prior to any participation in high school interscholastic athletics, select auxiliary units (e.g., marching band and drill team) including tryouts, practices, and preseason conditioning.
 - 2. To ensure adequate time for treatment or rehabilitation of identified concerns, PPEs should ideally be performed at least *6–8 weeks prior to the start of practice or tryouts*.

3. To avoid challenges with scheduling evaluations during mid-summer or pre-season activities, schools may encourage students to complete their PPEs *at the end of the previous school year*. Early planning ensures timely clearance and reduces delays in participation.
- D. Concussion Evaluations:
 1. If a student-athlete is suspected of having a concussion, it is treated as an acute medical issue requiring immediate evaluation by a LHP who provides a clear diagnosis.
 2. When no definitive concussion diagnosis is made, the injury will be treated as a concussion by default.
 3. In emergencies where there is visible deterioration or decompensation in symptoms, *emergency medical services (EMS)* should be contacted. Parents/guardians must be informed promptly, and the following steps should be taken:
 - a. Complete a “Concussion Injury Report” ([Attachment C](#)) and iStar report.
 - b. Provide parents/guardians with a “Cautions Regarding Head Injury Form” ([Attachment D](#)).
 - c. All injuries must be thoroughly documented to inform school site administration and parents/guardians. The “Confidential Athletic Injury Tracking Form” ([Attachment B](#)) is one tool to report the injury.
 4. Additionally, student-athletes diagnosed with a concussion must complete a graduated RTP protocol prescribed by a LHP and supervised by the on-campus concussion monitor (as documented on the RTP) before returning to any athletic activity.
- DI. Methods and Settings of the PPE Evaluation:
 1. The preferred setting for a full PPE is the primary care provider’s office, here the provider has access to the student-athlete’s comprehensive medical history and can ensure a thorough evaluative:
 - a. Student-athletes and parents/guardians should be encouraged to plan and schedule the PPE well in advance of the start of the season to avoid delays.
 - b. The necessary two-sided document for medical clearance, “Preparticipation Physical Evaluation Questionnaire and Form” ([Attachment A](#) [English] or [Anexo A-1](#) [Spanish]), should be provided in a timely manner.
 2. While the PPE is not a replacement for routine health maintenance or a full physical examination, it provides an opportunity for healthcare providers to:
 - a. Address general health maintenance.

- b. Counsel students on injury prevention, hydration and nutrition, and overall wellness.
 - c. Identify any conditions that may impact safe athletic participation.
 - 3. Mass screenings in a gymnasium or auditorium setting are generally discouraged due to their inability to consistently meet the comprehensive objectives of the PPE:
 - a. When necessary, schools may organize evaluations conducted by a qualified and well-coordinated medical team in a private and confidential manner.
 - b. Schools should avoid “assembly line” approaches, which may overlook serious health concerns.
 - 4. It remains the responsibility of the *qualified examiner* (see [I.B.5](#)) to ensure that each student is evaluated thoroughly and appropriately cleared for participation.
 - 5. Volunteer healthcare providers performing PPEs on school sites must comply with LAUSD volunteer guidelines and the California State Education Code.
 - 6. Additionally, fees may not be charged for physical examinations conducted on school property without securing the appropriate permit or lease from the Real Estate Branch.
 - a. For more information, refer to [BUL-076705, Establishing No-Cost Health, Non-Health and Mental Health Services MOUs and Agreements on School Campuses](#).
- F. Forms for Documenting, Evaluation, and Clearance:
 - 1. Two-sided “Preparticipation Physical Evaluation Questionnaire and Form” ([Attachment A](#) [English] or [Anexo A-1](#) [Spanish]):
 - a. The full PPE must be documented using the English or Spanish “Preparticipation Physical Evaluation Questionnaire and Form.” This document includes critical sections for student-athletes:
 - i. Health history.
 - ii. Physical examination findings.
 - iii. Medical clearance.
 - b. Proper documentation is essential to ensure compliance with District policies and legal requirements. The CIF Sports Medicine Committee recommends using the PPE form from the *Preparticipation Physical Evaluation*, 5th Edition, (or the most current edition) developed by the American Academy of Pediatrics. [Attachment A](#) (English) or [Anexo A-1](#) (Spanish) is the preferred form for documenting the evaluation and clearance.

- c. If an alternative medical clearance form is submitted:
 - i. School personnel must exercise reasonable judgment in determining its acceptability.
 - ii. At a minimum, any alternative form must include a clear statement that the student is medically cleared for competitive sports.
 - iii. Questions regarding the PPE form should be directed to the School Nurse for review and clarification.
- 2. "Confidential Athletic Injury Tracking Form" ([Attachment B](#)):
 - a. It is recommended to be used to document injuries sustained during competition, practice, or tryouts.
- 3. "Concussion Injury Report" ([Attachment C](#)):
 - a. Completed at the time of a suspected concussion or head injury.
 - b. Copies must be distributed to appropriate parties, including to the AD, Parents/Guardians, School Nurse, and Administrator to ensure all necessary follow-up actions are taken.
- 4. "Cautions Regarding Head Injury Form" ([Attachment D](#)):
 - a. Provided alongside the "Concussion Injury Report" to inform parents/guardians of key information about head injuries and next steps.
- 5. "Concussion RTL Protocol" ([Attachment E](#)):
 - a. The RTL Protocol outlines a structured academic reintegration process for student-athletes recovering from a concussion or head injury.
 - b. Appropriate school staff, including the School Nurse, Counselor/School Psychologist and Teachers must collaborate to support the student-athlete's transition.
 - c. Completion Requirement:
 - i. If an RTL protocol is prescribed, it must be fully completed before a student completes the RTP process.
- 6. "Concussion RTP Protocol" ([Attachment E](#)):
 - a. The Concussion RTP Protocol provides a graduated process to ensure a safe return to athletic activities following a concussion diagnosis or head injury (when no definitive diagnosis has ruled out a concussion).
 - b. The RTP protocol must comply with CIF guidelines and requires clearance from a qualified LHP.
 - c. Prerequisite:
 - RTP can only be completed after:
 - i. The RTL protocol (if prescribed) has been completed and documented; and

- ii. Documentation has been submitted to the appropriate school personnel, including the School Nurse.
- 7. All forms must be retained and shared in compliance with student privacy laws (e.g., HIPAA, FERPA) and District policies to safeguard the confidentiality of the student's health information.
- 8. The following two official forms that must be utilized may be ordered through LAUSD REPRO, since NCR paper is used to automatically generate copies for distribution: (1) English/Spanish "Concussion Injury Report" ([Attachment C](#)), and (2) the separate document "Concussion Return To Play RTP Protocol" ([Attachment F](#)).

II. PROCEDURES AND RESPONSIBILITIES

- A. Athletic Director (AD), Coaches and Select Auxiliary Unit Supervisors play a critical role in ensuring the health and safety of student-athletes by adhering to the following responsibilities:
 - 1. Distribute Required Documentation:
Provide the following documents for all students planning to try out for competitive athletics:
 - a. Athletic Record Card:
 - i. To be completed and signed by the student and their parent/guardian.
 - ii. Personal identifying information on the front of the card must be completed by the student-athlete/parent/guardian.
 - b. "Preparticipation Physical Evaluation Questionnaire and Form" ([Attachment A](#) [English] or [Anexo A-1](#) [Spanish]):
 - i. Print Questionnaire and Form, either English or Spanish, back-to-back (two-sided).
 - ii. The *Questionnaire* is to be completed by the student-athlete with their parent/guardian. The *Form* is to be completed and signed by a California LHP.
 - iii. Ensure the contact information for the clinic or office where the PPE was performed is included.
 - 2. Submit and File Forms:
 - a. Remove the Insurance Certificate and the Athletic Record Card and deliver the completed PPE form to the School Nurse for review.
 - b. Submit the Insurance Certificate and the Athletic Record Card to the AD.
 - 3. Track Medical Clearance:
Maintain accurate records of students who are medically approved, deferred, or disapproved for athletic participation.

4. Document Injuries:
In the event of an injury during competition, practice, or tryout:
 - a. All injuries must be thoroughly documented to inform school site administration and parents/guardians.
 - b. The "Confidential Athletic Injury Tracking Form" ([Attachment B](#)) is one tool to report the injury. Submit the form to the appropriate administrator or School Nurse for iSTAR submission, recordkeeping and follow-up.
 - c. The "Confidential Athletic Injury Tracking Form," or alternative, should be submitted and iSTAR completed within 24 hours or the next school day.
5. Manage Concussion Incidents:
 - a. If a student-athlete is suspected of sustaining a concussion or head injury:
 - i. Complete the "Concussion Injury Report" ([Attachment C](#)).
 - ii. Inform the parent/guardian immediately and provide a copy of the completed report.
 - iii. Provide the "Cautions Regarding Head Injury Form" ([Attachment D](#)).
 - iv. Obtain the parent/guardian signature on the "Concussion Injury Report" and advise them to take a copy to their LHP for diagnosis and guidelines on RTL and RTP within 72 hours of injury.
6. Coordinate with the School Nurse:
 - a. Forward all completed "Concussion Injury Reports" and any clearances or recommendations from LHPs to the School Nurse for verification and documentation. The School Nurse will then distribute the necessary information to the appropriate school personnel.
7. Please Note:
 - a. All injuries must be reported.
 - b. Concussions require specific concussion-related documentation, including the "Concussion Injury Report" and "Concussion Return to Play (RTP) Protocol." The "Concussion Return to Learn (RTL) Protocol" is recommended and a copy may be provided to the parent/guardian.
8. Collaborate with the School Nurse:
 - a. Monitor the student-athlete's progress through the RTL and RTP protocols.
 - b. Ensure full compliance with protocols and required documentation before the student resumes full athletic participation.

- B. School Nurse Responsibilities:
1. Evaluate student health records:
Review the PPE, health history, and the Welligent student health record, along with any available hard copy records.
 2. Verify Healthcare Provider Approval:
 - a. Ensure the healthcare provider's approval aligns with the documentation on the PPE questionnaire and form ([Attachment A](#) or [Anexo A-1](#)).
 - b. If necessary, contact the healthcare provider to verify recommendations or restrictions. Consult the Student Medical Services Branch (SMS) school physician if unresolved questions persist.
 3. File completed PPE documentation with the student's health record in the school Health Office.
 4. Review Injury and Concussion Reports:
 - a. Review the injury documentation and/or iSTAR report for any reported injury.
 - b. For any documented injury that is not a suspected concussion, review medical documentation and verify that it is safe for the student to return to the sport.
 - c. For suspected or confirmed concussions:
 - i. Review the "Concussion Injury Report" and recommendations from an LHP.
 - ii. If an RTL is prescribed, review and share with the student's counselor or school psychologist for disbursement to teachers for academic accommodations.
 - iii. Verify clearance and document on/sign the "Concussion Return to Play (RTP) Protocol" ([Attachment F](#)).
 - iv. Ensure the student-athlete follows a graduated RTP protocol only after the healthcare provider and school nurse have verified clearance.
 5. Communicate and coordinate the student-athlete's clearance, RTL and RTP status to the AD, coaches, and athletic trainers for all injuries, including concussions.
 6. Upload documentation of all reported injury-related and/or concussion-related issues, including RTL/RTP paperwork, to the student-athlete's Electronic Health Record (EHR) in Welligent.

III. DETERMINING CLEARANCE FOR ATHLETICS, SELECT AUXILIARY UNITS (e.g., MARCHING BAND AND DRILL TEAM) PARTICIPATION

- A. The primary goal of the PPE is to determine a student-athlete's clearance for participation in sports. Clearance is categorized into five distinct statuses:

1. Medically eligible for all sports/activities without restriction.
 2. Medically eligible for all sports/activities without restriction with recommendations for further evaluation or treatment (e.g., rechecking blood pressure in one month).
 3. Medically eligible for certain sports/activities.
 4. Not medically eligible pending further evaluation.
 5. Not medically eligible for any sports/activities.
- B. If a student-athlete is unable to participate in their chosen sport, healthcare providers may explore alternative activities that enable some level of participation.
- C. It is critical that all stakeholders—student-athletes, parents/guardians, coaches, and school administrators—fully understand any restrictions, necessary follow-ups, treatments, and alternative participation options:
1. To maintain confidentiality, school District personnel must exercise caution in sharing the student's Protected Health Information (PHI).
 2. Such information should only be disclosed to LAUSD staff directly involved in the student-athlete's athletic participation.
- D. The PPE includes guidance on conditions that may impact clearance:
1. Evidence generally supports athletic participation for most chronic health conditions in children and adolescents.
 2. While this document offers guidance for medical and nonmedical personnel, it does not replace professional medical judgment and consideration of all relevant factors impacting safe athletic activity.
- E. Special Consideration for Vision Impairment: LAUSD has a specific policy addressing the participation of student-athletes with functional monocular. For details, refer to LAUSD's "[Clearance Policy for Student-Athletes with Impaired Vision](#)."

IV. RETURN TO ATHLETIC, AUXILIARY UNITS (e.g., MARCHING BAND AND DRILL TEAM) PARTICIPATION AFTER ILLNESS OR INJURY

- A. Minor Illness or Injury:
1. If a student-athlete has been absent from athletic practice or competition for an extended period (5 or more days) due to illness or injury, they must provide a written statement from their treating California LHP. This statement must:
 - a. Include a recommendation for return to athletic participation.
 - b. Specify any required modifications or accommodations to ensure the student-athlete's safety.
 2. The student must be referred to the School Nurse, who will:
 - a. Review the medical documentation.
 - b. Determine the student-athlete's eligibility to resume athletic participation.

- c. Notify the coach of the student-athlete's clearance and any required modifications.
- B. Serious Illness or Injury:
If a student-athlete sustains a serious injury or illness during athletic activities, the following steps must be taken:
 - 1. Immediate Evaluation:
The student-athlete must be evaluated promptly by the appropriate medical personnel on-site or, if necessary, EMS.
 - 2. Serious conditions may include, but are not limited to:
 - a. Concussion or Traumatic Brain Injury (TBI).
 - b. Fracture.
 - c. Ruptured kidney, spleen, or liver.
 - d. Extensive lacerations.
 - e. Torn ligaments or other severe musculoskeletal injuries.
 - 3. Documentation:
 - a. All injuries must be thoroughly documented to inform school site administration and parents/guardians.
 - b. The "Confidential Athletic Injury Tracking Form" ([Attachment B](#)) is one tool to report the injury and must be completed within *24 hours*.
 - 4. Communication with Parents/Guardians:
Provide timely communication to parents/guardians, including information on the injury and next steps for evaluation and care.
 - 5. Return Clearance:
 - a. The student-athlete must obtain written approval from a California LHP to return to sport practice and competition; and
 - b. The student-athlete must then be referred to the School Nurse, who will:
 - i. Review the clearance documentation.
 - ii. Conduct follow up verification, if necessary.
 - 6. Concussion Protocols:
A student-athlete diagnosed with a concussion or exhibiting concussion symptoms:
 - a. Must *not* return to play on the same day as the injury.
 - b. Must be evaluated by a qualified LHP.
 - c. Must complete a graduated RTP protocol ([Attachment F](#)) lasting *no* fewer than 7 days from the date of diagnosis, in accordance with CIF guidelines.
 - d. Clearance documentation must be submitted to the School Nurse for verification before the student-athlete resumes athletic participation.

7. Return to activity after extended illness/injury or multiple head injuries:
 - a. When a student-athlete is returning from an extended illness or injury—even if cleared by a healthcare provider to participate without restrictions—it is recommended to follow a gradual and controlled return to activity to ensure a safe transition back to full participation.
 - b. A student-athlete who sustains two diagnosed head injuries in a single season, or three within a 12-month period, may require specialized follow-up care with a neurologist.

V. CERTIFIED ATHLETIC TRAINER (AT) AND SCHOOL SITE INTEGRATION

For school sites with Certified ATs, the following guidelines outline how they should be integrated into the injury management and safety plans:

- A. Role of the AT:
 1. Certified ATs are trained in the prevention, assessment, treatment, and rehabilitation of athletic injuries.
 2. ATs are trained to:
 - a. Perform initial injury assessments.
 - b. Manage emergency situations, including activating EMS.
 - c. Assist with implementation of graduated RTP protocols for student-athletes recovering from concussions or other injuries.
 - d. Communicate with parents/guardians, coaches, and school staff about the student-athlete's status.
 - e. Assist with accurate and comprehensive injury documentation.
- B. Injury Management at Sites with ATs:
 1. Immediate Response:
 - a. The AT should be contacted immediately when an injury occurs during practice or competition.
 - b. The AT will assess the athlete, administer first aid as needed, and assist with EMS activation if needed.
 2. Concussion Protocols:
 - a. The AT is responsible for:
 - i. Assisting with managing suspected concussions.
 - ii. Completing initial documentation.
 - iii. Ensuring compliance with CIF concussion guidelines and RTP protocols.
 - b. The AT will work closely with the School Nurse to verify medical clearance and update recovery progress.

3. Coordination with School Personnel:
 - a. ATs will collaborate with the School Nurse, AD, AP, and Counselor to ensure seamless communication and adherence to injury management protocols.
 - b. The AT will notify certificated staff about the student-athlete's status and accommodations, if needed.

AUTHORITY: Los Angeles Unified School District, Medical Services Division
Los Angeles Unified School District, Division of School Operations
California Interscholastic Federation: CIF Bylaw 503.G and 503.H
California Education Code §§ 35179, 49475

RELATED RESOURCES: [BUL-076705, *Establishing No-Cost Health, Non-Health and Mental Health Services MOUs and Agreements on School Campuses*](#), dated August 23, 2019.
[LAUSD's Clearance Policy for Student-Athletes with Impaired Vision](#).
American Academy of Family Physicians.
American Academy of Pediatrics, *Preparticipation Physical Evaluation*, 5th Ed. 2019.
American College of Sports Medicine.
American Medical Society for Sports Medicine.
American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.
California Interscholastic Federation. Sports Medicine Handbook, latest edition. Accessed at: <https://www.cifstate.org>.
Centers for Disease Control and Prevention. "Heads Up: Concussion in Youth Sports." Accessed at: <https://www.cdc.gov/headsup>.
Journal of Athletic Training, 2018.
Korey Stringer Institute. "Heat Safety Resources for Schools and Athletics." Accessed at: <https://ksi.uconn.edu>.
National Athletic Trainers' Association. "Position Statement: Emergency Action Plans for Sports Settings."

- ATTACHMENTS:**
- [ATTACHMENT A](#) – Preparticipation Physical Evaluation Questionnaire and Form - LAUSD Version
 - [ANEXO A-1](#) – *Spanish* Preparticipation Physical Evaluation Questionnaire and Form - LAUSD Version
 - [ATTACHMENT B](#) – Confidential Athletic Injury Tracking Form
 - [ATTACHMENT C](#) – *English/Spanish* Concussion Injury Report - (Sample) New LAUSD Version
 - [ATTACHMENT D](#) – *English/Spanish* Cautions Regarding Head Injury - LAUSD Version
 - [ATTACHMENT E](#) – Concussion Return to Learn (RTL) Protocol - New LAUSD Version
 - [ATTACHMENT F](#) – Concussion Return to Play (RTP) Protocol - (Sample)
 - [ATTACHMENT G](#) – Concussion Sequence
 - [ATTACHMENT H](#) – General Injury Protocol Checklist for Student-Athletes
 - [ATTACHMENT I](#) – Injury Protocols Checklist for Parents/Guardians
 - [ANEXO I-1](#) – *Spanish* Injury Protocols Checklist for Parents/Guardians
 - [ATTACHMENT J](#) – Education and Professional Duties in California

ASSISTANCE: For assistance or further information, please contact:

Student Medical Services Branch(213) 202-7584
 District Nursing Services Branch(213) 202-7580
 Interscholastic Athletics Department.....(213) 241-5847

LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN

Los Angeles Unified School District
Preparticipation Physical Evaluation Questionnaire

Date of Exam: _____

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

School: _____ Sport(s): _____

Home Address: _____ Home Phone #: _____

Personal Physician's/Provider's Name: _____ Personal Physician's/Provider's Phone #: _____

In case of emergency, contact: Name: _____ Relationship: _____

Emergency Contact's Telephone #s: Home: _____ Work: _____ Cell#1: _____ Cell #2: _____

Medicines and Allergies: Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:

Do you have any allergies? ☐ Yes ☐ No. If yes, please identify specific allergy or allergies below:

☐ Medicines: _____ ☐ Pollens: _____ ☐ Food: _____ ☐ Stinging insects: _____

This section is to be carefully completed by the student and his/ her parent(s) or legal guardian(s) before participation in interscholastic athletics. Explain Yes answers below. Circle questions you don't know the answers to.

Note: A student-athlete will not be cleared for participation if preexisting conditions listed in the school health record are not noted on the PPE history form or addressed in the physical examination.

GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐	25.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
2.	Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:	☐	☐	26.	Have you ever used an inhaler or taken asthma medicine?	☐	☐
3.	Have you ever spent the night in a hospital?	☐	☐	27.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	☐	☐
4.	Have you ever had surgery?	☐	☐	28.	Do you have groin pain or a painful bulge or hernia in the groin area?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	29.	Have you had infectious mononucleosis (mono) within the last month?	☐	☐
5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?	☐	☐	30.	Do you have any rashes, pressure sores, or other skin problems?	☐	☐
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐	31.	Have you had a herpes or MRSA skin infection	☐	☐
7.	Does your heart ever race or skip beats (irregular beats) during exercise?	☐	☐	32.	Have you ever had a head injury or concussion?	☐	☐
8.	Has a doctor ever told you that you have any heart problems? Specify:	☐	☐	33.	Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?	☐	☐
				34.	Do you have a history of seizure disorder?	☐	☐
				35.	Do you have headaches with exercise?	☐	☐
				36.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
9.	Have you ever tested positive for COVID-19 virus? Date of (+) COVID-19 Test:	☐	☐	37.	Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
10.	Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?	☐	☐	38.	Have you ever become ill while exercising in the heat?	☐	☐
11.	Do you get lightheaded or feel more short of breath than expected during exercise?	☐	☐	39.	Do you get frequent muscle cramps when exercising?	☐	☐
12.	Have you ever had an unexplained seizure?	☐	☐	40.	Do you or someone in your family have sickle cell trait or disease?	☐	☐
13.	Do you get more tired or short of breath more quickly than your friends during exercise?	☐	☐	41.	Have you had any problems with your eyes or vision?	☐	☐
HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No	42.	Have you had any eye injuries?	☐	☐
14.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before the age of 35 years (including drowning or unexplained car crash)?	☐	☐	43.	Do you wear glasses or contact lenses?	☐	☐
15.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?	☐	☐	44.	Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
16.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator before age 35?	☐	☐	45.	Do you worry about your weight?	☐	☐
BONE AND JOINT QUESTIONS		Yes	No	46.	Are you trying to or has anyone recommended that you gain or lose weight?	☐	☐
17.	Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that caused you to miss a practice or game?	☐	☐	47.	Are you on a special diet or do you avoid certain types of food?	☐	☐
18.	Have you had any broken or fractured bones or dislocated joints?	☐	☐	48.	Have you ever had an eating disorder?	☐	☐
19.	Have you ever had a stress fracture?	☐	☐	49.	Do you have any concerns that you would like to discuss with a doctor?	☐	☐
20.	Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)	☐	☐	FEMALES ONLY		Yes	No
21.	Do you regularly use a brace, orthotics or other assistive device?	☐	☐	50.	Have you ever had a menstrual period?	☐	☐
22.	Do you have a bone, muscle or joint injury that bothers you?	☐	☐	51.	How old were you when you had your first menstrual period?		
23.	Do any of your joints become painful, swollen, feel warm, or look red?	☐	☐	52.	How many periods have you had in the last 12 months?		
24.	Do you have any history of juvenile arthritis or connective tissue disease?	☐	☐	53.	When was your most recent menstrual period?		
				Explain "yes" answers here:			

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct:

Signature of athlete: _____ Signature of parent/guardian: _____ Date: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN

Los Angeles Unified School District
Preparticipation Physical Evaluation Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Student's Name: _____ DOB: _____
 Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: ____/____, (____/____, ____/____)
 Vision: R 20/ _____ L 20/ _____ Corrected: ☐ Yes ☐ No Pupils: Equal _____ Unequal _____

EMERGENCY INFORMATION:		
Allergies: _____		Other Information: _____
MEDICAL	Normal	Abnormal Findings
Appearance • Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart ¹ • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) ²		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ³		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional • Duck walk, single leg hop		
¹ Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam ² Consider GU exam if in private setting. Having 3rd party present is recommended. ³ Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.		
CLEARANCE		
☐ Medically eligible for all sports/activities without restriction		
☐ Medically eligible for all sports/activities without restriction with recommendations for further evaluation or treatment of:		
☐ Medically eligible for certain sports/activities:		
☐ Not medically eligible pending further evaluation:		
☐ Not medically eligible for any sports/activities:		

Recommendations: _____
 I have evaluated the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent/guardian. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).
 Name of Physician/ Provider (print and include official stamp) (MD, DO, NP or PA): _____ Date: _____
 Address: _____ Phone: _____
 Signature of Physician/ Provider: _____

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, 2019

Distrito Escolar Unificado De Los Ángeles Cuestionario de Evaluación Física Previa a la Participación

Fecha del examen: _____

Nombre del estudiante: _____ Sexo: _____ Edad: _____ Fecha de nacimiento: _____ Grado: _____

Escuela: _____ Deporte(s): _____

Domicilio: _____ Teléfono de casa #: _____

Doctor o proveedor médico personal: _____ Teléfono del Doctor o proveedor médico personal #: _____

Persona a contactar en caso de emergencia.: Nombre: _____ Parentesco: _____

Teléfonos de persona a contactar en caso de emergencia #s: Casa: _____ Trabajo: _____ Cel #1: _____ Cel #2: _____

Medicamentos y alergias: Por favor enumere todas las medicinas con y sin receta médica y suplementos (naturales y nutritivos) con o sin receta médica que actualmente toma: _____

¿Padece de alguna alergia? ☐ Sí ☐ No. Si marcó 'Sí', por favor identifique la alergia específica a continuación: _____

☐ Medicamentos: _____ ☐ Polen: _____ ☐ Alimentos: _____ ☐ Picaduras de insectos: _____

Esta sección debe ser cuidadosamente completada por el estudiante junto con sus padre(s)/madre(s) o tutor(es) legal(es) antes de participar en el programa deportivo interescolar. Explique las respuestas donde contesto "Si" al final de este formulario. Circule las preguntas si no sabe la respuesta.

Nota: Un estudiante-atleta no podrá participar si las afecciones preexistentes que figuran en el historial médico escolar no se indican en el formulario de antecedentes de PPE ni se abordan en el examen físico.

PREGUNTAS GENERALES		Sí	No	PREGUNTAS MEDICAS		Sí	No
1.	¿Alguna vez un médico te ha negado o restringido tu participación en deportes por alguna razón?	☐	☐	25.	¿Tienes tos, sibilancia o dificultad para respirar durante o después del ejercicio?	☐	☐
2.	¿Tienes alguna condición médica crónica? Si es así, indícala a continuación: ☐ Asma ☐ Anemia ☐ Diabetes ☐ Infecciones ☐ Otras:	☐	☐	26.	¿Alguna vez has usado un inhalador o tomado medicamentos para el asma?	☐	☐
3.	¿Alguna vez has pasado la noche en un hospital?	☐	☐	27.	¿Te falta un riñón, un ojo, un testículo (varones), el bazo, u otro órgano?	☐	☐
4.	¿Alguna vez has tenido una cirugía?	☐	☐	28.	¿Tienes dolor en la ingle o una protuberancia dolorosa o hernia en la zona de la ingle?	☐	☐
PREGUNTAS SOBRE LA SALUD DE TU CORAZÓN		Sí	No	29.	¿Has tenido mononucleosis infecciosa (mono) en el último mes?	☐	☐
5.	¿Alguna vez te has desmayado o casi te has desmayado DURANTE o DESPUÉS del ejercicio?	☐	☐	30.	¿Tienes algún sarpullido, úlceras por presión u otros problemas en la piel?	☐	☐
6.	¿Alguna vez has tenido molestias, dolor, opresión o presión en el pecho durante el ejercicio?	☐	☐	31.	¿Has tenido una infección cutánea por herpes o SARM (MRSA en inglés)?	☐	☐
7.	¿Alguna vez tu corazón se ha acelerado o ha latido irregularmente durante el ejercicio?	☐	☐	32.	¿Alguna vez has tenido una lesión en la cabeza o una conmoción cerebral?	☐	☐
8.	¿Alguna vez un médico te ha dicho que tienes problemas del corazón? Especifica:	☐	☐	33.	¿Alguna vez has recibido un golpe en la cabeza que te haya causado confusión, dolor de cabeza prolongado o problemas de memoria?	☐	☐
		☐	☐	34.	¿Tienes antecedentes de trastorno convulsivo?	☐	☐
				35.	¿Tienes dolores de cabeza con el ejercicio?	☐	☐
				36.	¿Alguna vez has sentido entumecimiento, hormigueo o debilidad en los brazos o piernas después de recibir un golpe o una caída?	☐	☐
9.	¿Alguna vez has dado positivo en una prueba de COVID-19? Fecha de la prueba (+) de COVID-19:	☐	☐	37.	¿Alguna vez no has podido mover los brazos o piernas después de un golpe o una caída?		
10.	¿Algún médico te ha requerido alguna vez un examen del corazón? (por ejemplo: electrocardiograma, ecocardiograma)	☐	☐	38.	¿Alguna vez te has sentido mal mientras hacías ejercicio en el calor?	☐	☐
11.	¿Te mareas o te falta el aire más de lo esperado durante el ejercicio?	☐	☐	39.	¿Tienes calambres musculares frecuentes cuando haces ejercicio?	☐	☐
12.	¿Alguna vez has tenido una convulsión sin explicación?	☐	☐	40.	¿Tú o algún miembro de tu familia tiene el rasgo o la enfermedad de células falciformes?	☐	☐
13.	¿Te cansas más o te falta el aire más rápido que a tus amigos durante el ejercicio?	☐	☐	41.	¿Has tenido algún problema en los ojos o en la vista?	☐	☐
PREGUNTAS DE SALU SOBRE TU FAMILIA		Sí	No	42.	¿Alguna vez has tenido una lesión ocular?	☐	☐
14.	¿Algún miembro de tu familia o pariente ha fallecido por problemas del corazón o ha muerto repentinamente o de forma inexplicada antes de los 35 años (incluyendo ahogamiento o accidente automovilístico sin causa conocida)?	☐	☐	43.	¿Usas lentes o lentes de contacto?	☐	☐
15.	¿Algún familiar tuyo tiene miocardiopatía hipertrófica, síndrome de Marfan, miocardiopatía arritmogénica del ventrículo derecho, síndrome de QT largo, síndrome de QT corto, síndrome de Brugada o taquicardia ventricular polimórfica catecolaminérgica?	☐	☐	44.	¿Usas equipo de protección ocular, como lentes de seguridad o un protector facial?	☐	☐
16.	¿Alguien en tu familia ha tenido algún problema cardíaco, marcapasos o desfibrilador implantado antes de los 35 años?	☐	☐	45.	¿Te preocupa tu peso?	☐	☐
16.	¿Alguien en tu familia ha tenido algún problema cardíaco, marcapasos o desfibrilador implantado antes de los 35 años?	☐	☐	46.	¿Estás tratando de subir o bajar de peso, o alguien te lo ha recomendado?	☐	☐
PREGUNTAS SOBRE HUESOS Y ARTICULACIONES		Sí	No	47.	¿Estás siguiendo una dieta especial o evitas ciertos tipos de alimentos?	☐	☐
17.	¿Alguna vez has tenido una lesión, como un esguince, desgarre muscular o de ligamentos, o tendinitis, que te haya hecho faltar a un entrenamiento o partido?	☐	☐	48.	¿Alguna vez has tenido un trastorno alimenticio?	☐	☐
18.	¿Has tenido algún hueso roto o fracturado, o alguna articulación dislocada?	☐	☐	49.	¿Tienes alguna inquietud que te gustaría discutir con un médico?	☐	☐
19.	¿Alguna vez has tenido una fractura por estrés?	☐	☐	SOLO PARA EL GENERO FEMENINO			
20.	¿Te han dicho que tienes o te han realizado una radiografía de inestabilidad cervical o inestabilidad atlantoaxial? (Síndrome de Down o enanismo)	☐	☐	50.	¿Alguna vez has tenido un periodo menstrual?	☐	☐
21.	¿Usas regularmente un aparato ortopédico, plantillas u otro dispositivo auxiliar?	☐	☐	51.	¿Cuántos años tenías cuando tuviste tu primer periodo menstrual?		
22.	¿Tienes una lesión en huesos, músculos o articulaciones que te molesta?	☐	☐	52.	¿Cuántos periodos has tenido en los últimos 12 meses?		
23.	¿Algunas de tus articulaciones se vuelven dolorosas, se hinchan, se sienten calientes o se ven rojas?	☐	☐	53.	¿Cuándo fue tu periodo menstrual más reciente?		
24.	¿Tienes algún historial de artritis juvenil o enfermedad del tejido conectivo?	☐	☐	Explica las respuestas marcadas con Sí aquí:			

Por la presente declaro, según mi leal saber y entender, que mis respuestas a las preguntas anteriores son completas y correctas:

Firma del atleta: _____ Firma del padre/madre/tutor legal: _____ Fecha: _____

Los Angeles Unified School District Preparticipation Physical Evaluation Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Student's Name: _____ DOB: _____
 Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: ____/____, (____/____, ____/____)
 Vision: R 20/ _____ L 20/ _____ Corrected: ☐ Yes ☐ No Pupils: Equal _____ Unequal _____

EMERGENCY INFORMATION:		
Allergies: _____	Other Information: _____	
MEDICAL	Normal	Abnormal Findings
Appearance • Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart ¹ • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) ²		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ³		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional • Duck walk, single leg hop		
¹ Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam ² Consider GU exam if in private setting. Having 3rd party present is recommended. ³ Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.		
CLEARANCE		
☐ Medically eligible for all sports/activities without restriction		
☐ Medically eligible for all sports/activities without restriction with recommendations for further evaluation or treatment of:		
☐ Medically eligible for certain sports/activities:		
☐ Not medically eligible pending further evaluation:		
☐ Not medically eligible for any sports/activities:		

Recommendations: _____

I have evaluated the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent/guardian. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician/ Provider (print and include official stamp) (MD, DO, NP or PA): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/ Provider: _____

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, 2019

CONFIDENTIAL ATHLETIC INJURY TRACKING FORM

(required for LAUSD athletes only)

It is the responsibility of the Coach to complete this form. Use a separate form for each student's injury.

Copies of this form must be given to the School Nurse and appropriate administrator over athletics **NO LATER than 24 hours or the next school day** following the injury.

School of Incident:		Student's ID #:	Sport:
Head Coach's Name:		Supervising Adult's Name:	
Date of Injury:	Time of Injury:	Level (JV, Var, etc.):	
Student's Name:		DOB:	Age:
Gender: ☐ F ☐ M	Grade:	School of Attendance:	
Student's Home Address:			
Student's Home Phone #:		Cell #:	
Parent's/Guardian's Name:			
Body Part(s) affected:			
*Suspected Concussion? ☐ Yes ☐ No			
Description of what happened:			

*** If a Concussion is suspected/diagnosed, a "Concussion Injury Report" must be completed.**

ACTIONS TAKEN (indicate N/A if not applicable)	DATE	TIME	COMMENTS
Parent/Guardian Notified (and by whom)			
School Nurse Notified			
911 Called/Taken to Emergency Room by Paramedics			
Taken to Emergency Room by Parents/Guardians			
Referred to Licensed Health Care Provider			
Athletic Director or Assistant Principal/Athletics Notified			
Principal Notified			
Copy of this Form to AP Over Athletics and/or Principal			
Follow up with Parent/Guardian Conducted (and by whom)			

A student absent from athletic practice or competition for *five or more consecutive days due to illness or injury* must present a written statement from the licensed health care provider indicating the diagnosis and a recommendation for return to athletic participation. The **school nurse** will review and notify the coach. Any student returning from a serious injury with written approval from the licensed health care provider **must be referred to the school nurse for review prior to resuming competitive athletics**, per this bulletin.

Coach's Signature:	Date:
Print Name of Coach:	

Interscholastic Athletics Department

Concussion Injury Report / Reporte De Lesión por Conmoción Cerebral

(required for LAUSD athletes only)

Name of Athlete / Nombre del atleta:		Grade / Grado:	DOB / Fecha de Nacimiento:	Age / Edad:	Gender / Género:	Home Phone / Número de Teléfono:
School / Escuela:			Date of Injury / Fecha en que ocurrió la lesión:		Time of Injury / Hora en que se Lesionó:	
Location Injury Occurred / Lugar donde ocurrió la lesión:						
Disposition From Location / Disposición de la Ubicación: Time / Hora : ☐ Released to PARENT/GUARDIAN / Entregado al PADRE/TUTOR LEGAL						
☐ Private Vehicle / Vehículo Privado ☐ Emergency Medical Services (EMS) / Servicios de Emergencia Médica (EMS)						
The following symptoms were present (check ✓) / El día de hoy se presentan los siguientes síntomas (marque con una ✓)						
PHYSICAL / FISICO		PHYSICAL / FISICO		THINKING / RAZONAMIENTO		EMOTIONAL / EMOCIONAL
☐ Loss of consciousness Pérdida del conocimiento		☐ Visual problems or Sensitivity to light Problemas visuales o Sensibilidad a la luz		☐ Problems remembering Dificultad para recordar		☐ Irritable / Irritabilidad
☐ Headaches Dolores de cabeza		☐ Sensitivity to noise / Sensibilidad al ruido		☐ Problems concentrating Dificultad para concentrarse		☐ Sadness / Tristeza
☐ Nausea / Vomiting Nausea / Vómito		☐ Numbness / Tingling Adormecimiento / Hormigueo		☐ Mentally foggy / Drowsiness Confusión / Somnolencia		☐ Feeling more emotional Sensación emocional elevada
☐ Fatigue / Fatiga		☐ Dizziness / Mareos Balance Problems / Problemas de equilibrio		☐ Feeling more slowed down Sensación de lentitud		☐ Nervousness / Nerviosismo
SCHOOL FIRST RESPONDER'S INFORMATION AT TIME OF INJURY						
Name (PRINT):		Signature:		Title:		Date:

PARENT/GUARDIAN:

It is suspected that your child sustained a concussion or head injury. Quite often, signs and symptoms of a head injury do not appear immediately but can appear hours later. This is a referral for your child to see a licensed healthcare provider (LHP) ASAP. A medical recommendation is required to readmit your child to school and to start Stages 1-5 of the "Concussion Return to Play Protocol" (RTP) on back of this page. The attending LHP MUST complete the information below. *According to state law, students who are suspected of having a concussion must have a graduated RTP protocol of no less than seven days duration under the supervision of a licensed health care provider (LHP).

PADRE/MADRE/TUTOR LEGAL:

Se sospecha que su estudiante ha sufrido una conmoción cerebral o lesión en la cabeza. Muy a menudo las señales y síntomas de una lesión en la cabeza no se manifiestan inmediatamente, pero pueden presentarse horas después. El propósito de este reporte es alertarle sobre las señales y síntomas de una conmoción cerebral o lesión en la cabeza que esté empeorando. *De acuerdo con ley estatal, si se sospecha que un estudiante ha sufrido una conmoción cerebral, el estudiante debe seguir el protocolo gradual de observación para "Regresar al Juego" ('Return to Play', por sus siglas en inglés) por una duración de no menos de siete días, bajo la supervisión de un proveedor médico autorizado. Por favor pida a su proveedor médico autorizado que llene la parte al pie de la página y además que apruebe el protocolo para "Regresar al Juego" que se encuentra al reverso de esta hoja.

CONSENT: I, the parent/guardian, authorize release of information about concussion and management between LAUSD and my child's health care provider.
CONSENTIMIENTO: Yo, padre/madre/tutor legal, autorizo a que la información sobre la conmoción cerebral y su tratamiento sea compartida entre el proveedor médico autorizado de mi estudiante y el Distrito Escolar Unificado de Los Ángeles.

Parent/Guardian Name (Print) / Padre/Madre/Tutor Legal (Escriba el nombre en letra de molde):	Parent/Guardian Signature / Firma del Padre/Madre/Tutor Legal:	Date / Fecha:
---	--	---------------

TO BE COMPLETED BY EXAMINING CA Licensed Health Care Provider (MD/DO/NP/PA)*

DIAGNOSIS:		Concussion: ☐ Yes ☐ No	Other Diagnosis:	Date seen:
I have reviewed the above history of concussion symptoms;				
☐ May return to school on _____. ☐ No restrictions				
☐ Start LAUSD RTP Protocol Stages 1-5; MUST have a medical clearance to start RTP Protocol Stage 6				
☐ Allow 5 minute-pass to avoid crowded hallways				
☐ Additional time to take test, specify amount of time and duration: _____ Alternative test methods, specify _____				
☐ Other accommodations, specify _____				
☐ I have scheduled a follow-up on _____ (mm/dd/yyyy) to re-examine Student Athlete before the start of RTP Stage 6 (a minimum of 6 days after diagnosis of concussion)				
CA Licensed Health Care Provider /Hospital/Urgent Care* (stamp)			Signature of CA Licensed Health Care Provider:	
If NP or PA, Print Name of Supervising Physician				
Address:			Telephone No:	

Medical Services Division
CAUTIONS REGARDING HEAD INJURY

School: _____

Date: _____

To the Parents or Guardians of: _____

Student's name

Birth date

Grade/Room/Trk

Head injuries occasionally cause trouble many hours or days later. If you are worried about your child's condition, or if any of the following symptoms occur, you should call your health care provider or take your child directly to an emergency hospital.

1. If headache develops, continues, or becomes severe.
2. If vomiting occurs, or if child complains of dizziness.
3. If sleepiness or drowsiness develops at a time other than normal for sleep. During the usual hours of sleep, the child should be checked frequently for restlessness, unusual sleeping position, change in breathing pattern, or mental confusion when awakened.
4. If blood or other fluid drains from ears or nose.
5. If a seizure or convulsion occurs.
6. If unusual or abnormal behavior or eye movements occur.

(This form is to be used only by Administrator or School Nurse)

Signature of person conferring with parent/guardian,

Administrator/School Nurse

División de Servicios Médicos
CUIDADO DE LAS LESIONES DE LA CABEZA

Escuela: _____

Fecha: _____

A los padres o tutores legales de: _____

Nombre del estudiante

Fecha de nacimiento

Grado/Aula/Ciclo

En ocasiones, las lesiones de la cabeza causan problemas varias horas o días después. Si le preocupa el estado de su estudiante o si padece de cualquiera de los siguientes síntomas, usted debe llamar a su proveedor del cuidado de la salud o llevar a su estudiante directamente a un hospital de emergencia:

1. Si surge, continua o empeora el dolor de cabeza.
2. Si vomita o si su estudiante se queja de mareos.
3. Si presenta somnolencia o letargo a una hora fuera de lo normal para dormir. Debe revisarlo frecuentemente durante las horas usuales de sueño y observar si está inquieto, duerme en posición inusual, cambia su patrón de respiración, o si padece de confusión mental al despertar.
4. Si gotea sangre u otros fluidos por los oídos o la nariz.
5. Si le da un ataque (tipo epiléptico) o le dan convulsiones.
6. Si tiene conductas o movimientos oculares inusuales o anormales.

(Este formulario debe ser utilizado únicamente por el administrador o enfermera escolar)

Firma de la persona que habló con el padre o la madre,

Director(a) o Enfermero(a) de la Escuela

-----TEAR OFF AND RETURN TO SCHOOL WITH REPLY-----
RECORTE ESTA PARTE Y DEVUÉLVALA A LA ESCUELA

To the Principal/School Nurse (Al director o enfermera de la escuela): _____

I have received the "Cautions Regarding Head Injury." (Recibí las instrucciones "Cuidado de las Lesiones de la Cabeza.")

Student's name (Nombre del estudiante): _____

Parent or Guardian Signature (Firma del Padre, Madre o Tutor)

Date (Fecha)

Room (Salón)

BUL-4948.3

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October 20, 2025

Medical Services Division &
Division of School Operations

Concussion Return to Learn (RTL) Protocol

Helpful Tips and Strategies for Parents/Guardians, Teachers and Students:

- Relative rest immediately following the concussion (usually 1-3 days) is important in promoting recovery. Relative rest means reducing physical and cognitive activity. Extreme sensory rest (e.g. dark room, no screens, bed rest) is unnecessary.
- After the early period, gradually introduce more cognitive ("thinking") activities as tolerated. This also includes returning to school with possible modifications in length of day, workload, etc. See the table below for general guidelines for returning to learn.
- It is okay to slowly increase cognitive and physical activities even if the student continues to have symptoms. Students should monitor symptoms and reduce activities if symptoms increase (e.g. 2-point increase on a 0-10 pain scale).
- Most students should be returning to school (with modifications as needed) within 3-7 days.
- Seek further medical care if your child continues to have symptoms beyond 7 days that are preventing progression in the RTL steps.
- Students should return to normal school schedule and course load without modifications before completing the return to play protocol.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Note- These stages are only helpful guidelines and recovery strategies. Each student's treatment and recovery needs will be unique.

Stage	Home Activity	Cognitive Activity	Physical Activity
Brain Rest/ Restful Home Activity (Typically 1-3 days post- injury)	- Initially sleep at night as much as needed (allow at least 8-10 hours of sleep) - Allow short naps during the day (less than 1 hour at a time) - Stay well-hydrated and eat healthy foods/snacks every 3-4 hours - Limit "screen time" (phone, computer, video games) as symptoms tolerate; use a larger font	- No school - No homework or take-home tests - May begin easy tasks at home (drawing, baking, limited television) - Soft music and 'books on tape' okay - Limit reading of hard-copy books as symptoms tolerate (e.g., short intervals of 10-15 min) - Once the student can complete 60-90 minutes of light mental activity with only a slight increase in symptoms, they may go to the next step	- In most cases, light physical activity and exertion should be encouraged - Examples of accepted activities include a 10-30-minute walk, easy lap swim, stationary bike, stretching, etc. - As symptoms improve, it is okay to increase the intensity and duration of the activity slowly - No strenuous exercise or contact sports - No driving
Progress to the next stage when your child starts to improve but may still have some symptoms			
Return to School - PARTIAL DAY (Typically, 2-4 days post- injury)	- Set a regular bedtime/wake- up schedule - Allow 8-10 hours of sleep per night - Limit napping to no more than one 30-60 minute nap per day - Stay well-hydrated and eat healthy foods/snacks every 3-4 hours - Limit "screen time" and social activities outside of school as symptoms tolerate	- Gradually return to school - Sit in front of class - Start with a few hours/half-day - Take breaks in the nurse's office or a quiet room every 2 hours or as needed - Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym) - Use brimmed hat/earplugs as needed - Complete necessary assignments only - Limit homework time - No tests or quizzes	- Progress physical activity as instructed by a physician - No strenuous physical activity or contact sports - No driving
Progress to the next stage as symptoms continue to improve and your child can complete the activities listed above			
Return to School - FULL DAY (Typically, 4-7 days post- injury)	- Allow 8-10 hours of sleep per night - Avoid napping - Stay well-hydrated and eat healthy foods/snacks every 3-4 hours "Screen time" and social activities outside of school as symptoms tolerate	- Progress to attending core classes for full days of school - Add in electives when tolerated - No more than 1 test or quiz per day - Give extra time or untimed homework/tests - Tutoring or extra help as needed	- Progress in physical activity as instructed by a physician - No strenuous physical activity or contact sports - Okay to drive
Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests with no or slight increase in symptoms			
Full Recovery (Typically 5-10 days post-injury)	Return to normal home and social activities	Return to normal school schedule and course load	Complete "Concussion Return to Play Protocol"

Concussion Return to Play (RTP) Protocol

Athlete's Name: _____ Date of Injury: _____ Date of Concussion Diagnosis: _____

As stated by CA state law (AB2127), the following requirements must be met prior to an athlete returning to play/competition: (1) Evaluation by a licensed healthcare provider (LHP)*, (2) Completion of a graduated return to play protocol that is no less than 7 days in duration, and (3) Written medical clearance from an LHP.

Instructions for Return to Play Protocol:

- A certified athletic trainer (AT), physician, or another identified healthcare provider or concussion monitor (e.g. athletic director, coach) must initial each stage after you successfully pass it.
- You cannot progress more than one stage per day (or longer if instructed by your healthcare provider).
- You should return to a normal school schedule and course load without modifications before completing the return-to-play protocol.
- You should inform your healthcare provider or athletic trainer (if available) and obtain follow-up care if you cannot pass a stage after 3 attempts due to a worsening of concussion symptoms or if you feel uncomfortable at any time during the progression.

You must have written clearance from a LHP to begin and progress through the following Stages as outlined below or as otherwise directed.				
Nurse verification of CA LHP clearance: Name (please print):			Signature:	Date:
Date & Initials	Stage	Activity	Exercise Example (Activities should be monitored by a designated adult)	Objective of the Stage
	1	Limited physical activity to allow the brain to rest and recover	• Light physical activity should be encouraged. • Light daily activities (e.g. walking, stretching) • No activities requiring exertion (e.g. weightlifting, jogging, P.E. classes)	• Recovery and reduction/elimination of symptoms
	2	Light aerobic activity	• 10-30 minutes of brisk physical activity (e.g. walking, stationary bike) that does not result in more than mild and brief exacerbation of symptoms**	• Increase heart rate to $\leq 55\%$ of perceived maximum (max) exertion (e.g., < 100 beats per min) • Monitor for symptom return
	3	Moderate aerobic activity (Light resistance training)	• Increase in exertional activities (e.g., 20-30 minutes of jogging, stationary biking, body weight exercises, etc.) that do not result in more than mild and brief exacerbation of concussion symptoms**.	• Increase heart rate to 55-75% max exertion (e.g., 100-150 bpm) Monitor for symptom return
	4	Strenuous aerobic activity (Moderate resistance training)	• Continued increase in intensity and duration of physical activity (e.g. jogging, stationary bike, interval training, weightlifting) that does not result in more than mild and brief exacerbation of concussion symptoms. ** • 30-45 min running or stationary biking. • Weightlifting $\leq 50\%$ of max weight • May begin to incorporate sport-specific training away from the team environment (e.g. change of direction, ball handling). • No activities that pose a risk for head impact	• Increase heart rate to $> 75\%$ max exertion • Prepare for return to sport-specific activities • Monitor for symptom return • DO NOT PROGRESS TO STEP 5 IF THIS STEP CAUSES EXACERBATION OF SYMPTOMS
	5	Non-contact training with sport-specific drills	• Exercise to high intensity, including incorporating more challenging training drills (e.g. multi-player training). Can integrate into a team environment. • No contact with people, padding, or the floor/mat	• Resumption of the usual intensity of exercise, coordination, and thinking activities • DO NOT PROGRESS TO STEP 6 IF THIS STEP CAUSES EXACERBATION OF SYMPTOMS AND RETURN TO STEP 4
Prior to beginning Stage 6, please make sure that written clearance from a LHP* is obtained for return to play. You must be symptom-free prior to beginning Stage 6				
Nurse verification of Clearance to Play to Start Stage 6: Name (Please print):			Signature:	Date:
	6	Limited contact practice OR Full unrestricted practice for non-contact sports	• Controlled contact drills allowed (no scrimmaging)	• Increase acceleration, deceleration, and rotational forces. • Restore confidence, assess readiness for return to play.
	7	Full contact practice Full unrestricted practice	• Return to normal training, with contact. • Return to normal unrestricted training	• Monitor for symptom return. • DO NOT PROGRESS IF ANY OF THESE • STEPS CAUSES EXACERBATION OF SYMPTOMS AND RETURN TO STEP 5
MANDATORY: You must complete at least ONE contact practice before returning to competition, or if non-contact sport, ONE unrestricted practice. All athletes must complete a full 7-day return to play protocol.				
	8	Return to play (competition)	• Normal gameplay (competitive event)	Return to full sports activity without restrictions

* Licensed health care provider shall mean a physician (MD or DO) or licensed professional under the direct supervision of a physician [Nurse Practitioner (NP), Physician Assistant (PA)] trained in the education and management of concussions. A student-athlete who sustains a concussion or possible concussion must receive an evaluation from a medical professional (MD, DO, NP, or PA), as they may also be experiencing other co-occurring medical conditions (e.g., neck injury, cardiopulmonary complications, focal brain injury, etc.) that a medical provider can best evaluate and rule out.

** Mild and brief exacerbation of symptoms should be limited to no more than a 2-point (out of 10) increase in symptoms severity on a pain scale and be no longer than 1 hour duration of an increase in symptoms (e.g. you have a 3/10 headache when starting the activity but after 20 minutes the headache increases to a 5/10, then you should stop the activity and consider modifying or reducing for next time).

Concussion Sequence

HEAD INJURY SEQUENCE OF EVENTS

1. **Injury Occurs:** Student-athlete is suspected of a head injury or concussion during practice or competition.
2. **Immediate Response:** The student-athlete is immediately pulled from activity for evaluation.
3. **Level of Injury:** If the student-athlete shows signs of severe injury or declining mental state, the Emergency Action Plan (EAP) is activated (*as required under Ed Code*). If stable but requiring follow-up, notify the Assistant Principal and Athletic Director.
4. **Parent/Guardian Notification:** The parent/guardian must be notified to pick up the student-athlete, and the "Concussion Injury Report" should be signed by the parent/guardian prior to the student-athlete's release. Provide a "Cautions Regarding Head Injury Form" to the parent/guardian with their copy of the "Concussion Injury Report."
5. **Notification:** Upon signature of the "Concussion Injury Report," an iSTAR report must be filed, and the school nurse must be notified and included on the iSTAR Report.
6. **Medical Evaluation:** The student-athlete is taken to a licensed healthcare provider (MD, DO, NP, PA) for evaluation within 72 hours of initial injury.
7. **Written Diagnosis:** The healthcare provider completes and returns a diagnosis to the school. If the paperwork does not explicitly state "NO CONCUSSION," the injury is treated as a concussion until there is full clarification.
8. **School Nurse Review:** The school nurse reviews the diagnosis. If there is any uncertainty, the school nurse follows up with the healthcare provider for verification.
9. **Concussion Treatment Protocol Initiation:** If a concussion is confirmed and diagnosed by the appropriate provider, and the student-athlete can attend school for a full day without modifications, they may collect a "Concussion Return to Play (RTP) Protocol" paperwork from the school nurse. The student-athlete follows a graduated RTP protocol under the supervision of the school-designated concussion monitor. If the student-athlete is in a "Concussion Return to Learn (RTL) Protocol," the student-athlete may not complete the RTP protocol until the RTL protocol is completed.
10. **RTP Progression:** The student-athlete proceeds through the RTP stages (Steps 1-8), ensuring symptom-free progression at each stage. Progressing from Step 5 to Step 6 needs physician clearance and school nurse verification.
11. **Final Clearance:** The student-athlete completes at least one full contact practice (or unrestricted practice for non-contact sports). Upon completion of all stages, the student-athlete is fully cleared to return to competition.
12. **Student Records:** All documentation and RTP paperwork must be uploaded and attached to the student-athlete's Electronic Student Health Record (EHR) and be noted in MiSiS under the Nurse's Office Visit.

General Injury Protocol Checklist for Student-Athletes

1. Immediate Response

- ☐ Stop play or practice immediately and assess the student-athlete for life-threatening conditions:
- ☐ Check airway, breathing, and circulation.
- ☐ Administer first aid or basic life support if trained.

For serious injuries:

- ☐ Activate Emergency Action Plan (EAP) (*as required under Ed Code*).
- ☐ Provide *emergency medical services* (EMS) with a summary of the injury, actions taken, and the student-athlete's condition.
- ☐ An EMS team choosing not to transport a student-athlete does not equate to the student-athlete being medically cleared to return to activity. The student-athlete must still be evaluated and cleared by a California licensed healthcare provider as defined by this bulletin before they can resume participation.

For suspected concussions:

- ☐ Remove the student-athlete from play immediately.
- ☐ Do not allow the student-athlete to return to play on the same day.

2. Notify Certificated Staff, Parent/Guardian and Document the Injury

- ☐ The coach or person in charge must notify the certificated staff responsible on campus (e.g., Athletic Director, Assistant Principal, or School Nurse) as soon as possible.
- ☐ Contact the parent/guardian promptly with details about the injury, actions taken, and next steps.

Complete the following forms:

- ☐ "Confidential Athletic Injury Tracking Form" ([Attachment B](#)).
- ☐ "Concussion Injury Report" ([Attachment C](#)) (if applicable).

If a concussion is suspected provide the parent/guardian with:

- ☐ The "Concussion Injury Report."
- ☐ The "Cautions Regarding Head Injury Form" ([Attachment D](#))

3. Refer to School Personnel

Forward all documentation to the following:

- ☐ School Nurse: reviews documentation, follows up with the family if needed, and makes appropriate notations in Welligent (viewable in MiSiS).
- ☐ Assistant Principal (AP): creates and submits an iSTAR report.
- ☐ Athletic Director (AD): ensures records are maintained and shared with appropriate staff.

4. Obtain and Verify Medical Clearance

Ensure the student-athlete provides written clearance from a licensed healthcare provider, including:

- ☐ Any required accommodations (e.g., crutches, restrictions).

For concussions:

- ☐ Require a clear diagnosis of concussion or no concussion. If not stated, treat the injury as a concussion.
- ☐ Verify the clearance includes a "Concussion Return to Learn (RTL) Protocol," if prescribed and "Concussion Return to Play (RTP) Protocol" lasting at least 7 days.

5. Communicate and Monitor Recovery

The School Nurse:

- ☐ Reviews clearance documentation and determines eligibility for return.
- ☐ Notifies the Counselor of any physical or RTL accommodations or restrictions for communication to teachers.
- ☐ Notifies the Athletic Director (AD) of the student-athlete's status for communication to coaches.

The School Site Concussion Monitor follows the student-athlete's recovery, including:

- ☐ Completion of RTP protocol stages.
- ☐ Observation for recurring symptoms during practices or games.

6. Retain and Review Records

- ☐ Maintain all injury-related documentation, including reports, clearance forms, and communication logs.
- ☐ The school nurse will update Welligent to mark student-athletes as eligible once the injury recovery process has been completed. This eligibility status must be viewable in MiSiS.
- ☐ Ensure compliance with District policies

Injury Protocols Checklist for Parents/Guardians

WHAT TO DO IF YOUR STUDENT-ATHLETE IS INJURED: A PARENT/GUARDIAN CHECKLIST

1. Respond Immediately

- ☐ Stay Calm: if you are contacted by the school or coach, respond promptly.
- ☐ Follow Directions: if your student-athlete is transported to a medical facility, meet them there and follow the advice of medical personnel.

2. Seek Medical Attention

- ☐ Visit a Healthcare Provider: take your student-athlete to a physician, urgent care, or emergency room if advised.
- ☐ Share Information: provide the healthcare provider with details about the injury and any forms sent by the school.

3. Complete and Submit Required Forms

- ☐ Medical Clearance Forms: ensure the healthcare provider completes all necessary forms, including clearance for return to activity and any required accommodations (e.g., restrictions, crutches).

Re-Admittance Form for Ambulatory Assistive Devices:

- ☐ If your student-athlete requires ace bandages, sutures, braces, casts, crutches, wheelchairs, or other assistive devices, this form must be completed by the healthcare provider. Alternatively, this information can be written out on the doctor's note to return to school.
- ☐ Submit the completed form to the School Nurse and/or Attendance Office before your student-athlete returns to school or activities.

Concussion Documentation: for concussions, specific forms may include:

- ☐ "Concussion Injury Report."
- ☐ "Concussion Return to Learn (RTL) Protocol."
- ☐ "Concussion Return to Play (RTP) Protocol."

4. Communicate with the School

- ☐ Submit Documentation: return all completed forms to the School Nurse for review and verification.
- ☐ Discuss Accommodations: work with the School Nurse to ensure any accommodations are implemented for your student-athlete.

5. Follow Recovery Protocols

- ☐ RTL: if prescribed, ensure your student-athlete completes the academic recovery process before returning to unrestricted physical activities.
- ☐ RTP: for physical recovery, ensure your student-athlete follows the supervised RTP protocol step-by-step.

6. Monitor Your Student-athlete's Recovery

- ☐ Watch for Symptoms: keep an eye on your student-athlete for any recurring symptoms or concerns during their recovery.
- ☐ Communicate Issues: inform the school or healthcare provider immediately if new symptoms develop.

7. Keep Emergency Contact Information Updated

- ☐ Ensure your emergency contact information is current so the school can promptly reach you if needed.

Key Contacts:

- School Nurse: [Insert Contact Information]: _____
- Athletic Director: [Insert Contact Information]: _____
- Certified Athletic Trainer (if available): [Insert Contact Information]: _____

Quick Checklist for Parents/Guardians:

- ☐ Take your student-athlete to a healthcare provider if recommended.
- ☐ Complete all required forms, including the Re-Admittance Form (if needed).
- ☐ Submit documentation to the School Nurse.
- ☐ Follow RTL and RTP protocols if applicable.
- ☐ Monitor your student-athlete's recovery and communicate any concerns to the school or provider.

Lista de Verificación de Protocolos de Lesiones para Padres/Tutores Legales

QUÉ HACER SI SU ESTUDIANTE-ATLETA SE LESIONA: LISTA DE VERIFICACIÓN PARA PADRES/TUTORES LEGALES

1. Responder inmediatamente

- ☐ Mantenga la calma: Si la escuela o el entrenador lo contactan, responda con prontitud.
- ☐ Siga las instrucciones: Si su estudiante-atleta es transportado a un centro médico, reúnase con él/ella allí y siga los consejos del personal médico.

2. Solicitar atención médica

- ☐ Visite a un proveedor de atención médica: Lleve a su estudiante-atleta a un médico, sala de urgencias, o sala de emergencias si se le aconseja.
- ☐ Comparta Información: Proporcione al proveedor de atención médica los detalles sobre la lesión y cualquier formulario enviado por la escuela.

3. Cumplimentar y entregar los formularios requeridos

- ☐ Formularios de Aprobación Médica: Asegúrese de que el proveedor de atención médica cumplimente todos los formularios necesarios, incluyendo la autorización para regresar a la actividad y cualquier adaptación que se requiera (por ejemplo, restricciones, muletas).

Formulario de Re-Admisión para Dispositivos de Asistencia Ambulatoria:

- ☐ Si su estudiante-atleta requiere vendajes, suturas, aparatos ortopédicos, yesos, muletas, sillas de ruedas u otros dispositivos de asistencia, el proveedor de atención médica deberá cumplimentar este formulario. Como alternativa, esta información se puede escribir en la nota del médico para regresar a la escuela.
- ☐ Presente el formulario cumplimentado en la Enfermería Escolar y/o la Oficina de Asistencia antes de que su estudiante-atleta regrese a la escuela o a las actividades.

Documentación de la conmoción cerebral: Para conmociones cerebrales, los formularios específicos pueden incluir:

- ☐ "Informe de Lesiones por Conmoción Cerebral".
- ☐ "Protocolo de Regreso al Aprendizaje (RTL) tras Conmoción Cerebral."
- ☐ "Protocolo de Regreso al Juego tras Conmoción Cerebral (RTP)."

4. Comunicarse con la escuela

- ☐ Envíe documentación: Entregue todos los formularios cumplimentados al Personal de la Enfermería Escolar para su revisión y verificación.
- ☐ Hable sobre adaptaciones: Colabore con el enfermero escolar para asegurar que cualquier adaptación se implemente para su estudiante-atleta.

5. Seguir los protocolos de recuperación

- ☐ RTL: Si fue prescrito, asegúrese de que su estudiante-atleta complete el proceso de recuperación académica antes de regresar a actividades físicas sin restricciones.
- ☐ RTP: Para la recuperación física, asegúrese de que su estudiante-atleta siga cada paso del protocolo RTP supervisado.

6. Supervisar la recuperación de su estudiante-atleta

- ☐ Observe los síntomas: Supervise constantemente a su estudiante-atleta en caso de cualquier síntoma o inquietud recurrente durante su recuperación.
- ☐ Comunique problemas: Informe a la escuela o al proveedor de atención médica inmediatamente si se presentan nuevos síntomas.

7. Mantener actualizada la información de contacto de emergencia

- ☐ Asegúrese de que su información de contacto de emergencia esté actualizada para que la escuela pueda comunicarse con usted con prontitud si es necesario.

Contactos clave:

- Enfermero escolar: [Insert Contact Information]:
- Director atlético: [Insert Contact Information]:
- Entrenador deportivo certificado (si hay uno): [Insert Contact Information]:

Lista de verificación rápida para padres/tutores legales:

- ☐ Llevar a su estudiante-atleta a un proveedor de atención médica si se le recomienda.
- ☐ Cumplimentar todos los formularios requeridos, incluyendo el **Formulario de Readmisión** (si es necesario).
- ☐ Presentar documentación con el enfermero escolar.
- ☐ Seguir los protocolos de RTL y RTP si corresponde.
- ☐ Supervisar la recuperación de su estudiante-atleta y comunicar cualquier inquietud a la escuela o proveedor.

Education and Professional Duties in California**1. LAUSD School Nurse**

Education Level: Bachelor's Degree or higher, with a valid California Registered Nurse License and a School Nurse Services Credential.

Professional Duties:

- Conducts health assessments and manages student-athlete health conditions.
- Provides care for chronic and acute conditions, including medication administration and health counseling.
- Collaborates with school staff on health education and policy development.
- Serves as the primary point of contact for reviewing and verifying medical documentation related to injuries, including "Concussion Return to Learn (RTL) Protocol" and "Concussion Return to Play (RTP) Protocol."

2. Certified Athletic Trainer (AT)

Education Level: Bachelor's or Master's Degree in Athletic Training.

Professional Duties:

- Medical-based education model to provide comprehensive patient care in: risk reduction, wellness, and health literacy.
- Assessment, evaluation, and diagnosis of injuries and medical conditions.
- Critical incident management, including emergency response.
- Therapeutic intervention and rehabilitation.
- Healthcare administration and professional responsibility.
- Works under the direction of or in collaboration with a physician.
- Specializes in the prevention and treatment of athletic injuries and implementation of RTL and RTP protocols.

3. Paramedic

Education Level: 1,090 hours of education, including clinical training and field experience.

Professional Duties:

- Provides advanced emergency medical care, including: administering medications.
- Interpreting EKGs and cardiac monitoring.
- Performing endotracheal intubations.
- Using advanced medical equipment for life-threatening emergencies.
- Manages a broader range of medical emergencies compared to EMTs, including invasive procedures.
- Operates primarily in pre-hospital settings, such as ambulances or at emergency scenes.
- Important Note: a paramedic cannot diagnose medical conditions. If a 911 call does not result in transport, the student-athlete must still be evaluated by a California licensed health care provider, as defined in this bulletin, before returning to any school or athletic activities.

4. Emergency Medical Technician (EMT)

Education Level: 172 hours of education, including clinical and field training.

Professional Duties:

- Provides basic emergency medical care and transportation, including:
- Administering CPR, glucose, and oxygen.
- Providing basic trauma care.
- Performing patient assessments.
- Handles common medical emergencies and stabilizes patients for transport to higher-level care.
- A student-athlete must still be evaluated by a California licensed health care provider as defined in this bulletin.

5. American Red Cross Basic Life Support (BLS)/First Aid Training

Education Level: 10 hours of training.

Professional Duties:

- Provides basic emergency response skills, including: performing CPR and using an AED.
- Administering basic first aid.
- Required for all LAUSD coaches.
- Designed for immediate response to emergencies until professional medical help arrives.