



West Babylon Football  
Emergency Action Plan

## **Preface**

This is the emergency action plan for the West Babylon Youth Football League, hereafter referred to as WBYF. This program is designed to provide a safe playing environment for players, volunteers (adult managers/coaches), referees, and spectators while attending WBYF authorized playing fields. A copy of the safety plan shall be maintained in the equipment room and be distributed to all head coaches annually, a copy of the Safety Plan shall be forwarded to Suffolk County PAL.

## **Emergency / Key Official Phone Numbers**

Joe Dispigno: President (631) 806-3190

Eric Outlaw: Vice President (631) 987-6076

Danielle Outlaw: Secretary (631) 252-9220

Deanna Harding: Treasurer (631) 404-6533

John Parks: Player Agent (631) 888-4181

Safety Officer: Scott Gerbasio (631) 495-3895

Fundraising Chairperson: Chris Peterson (631) 466-2626

Trustee: Jim Quinn (516) 523-2400

Police 1<sup>st</sup> Precinct (631) 854-8100 or 911

Fire Department (631) 226-1212 Or 911

## **Volunteers**

All WBYF coaches, league officers, and board members shall be required to have a background check conducted by the SCPAL. Failure to complete the check will result in disqualification.

## **Field Conditions**

Daily all fields will be visually inspected by either a member of the board, coaches, or Town of Babylon crew, West Babylon Schools crew for any obstructions, holes, foreign objects (e.g....glass, litter, etc) or other conditions in need of correction prior to game or practice commencement. If an unsafe condition exists that cannot be rectified within a reasonable period of time this shall cause the field to be declared unplayable.

## **Lightning**

In case of lightning, the game in progress is immediately over. Clear the players off the field and send them home. The Referee makes the call of suspending play. If there is a following game, wait out the lightning and try to get the next game in. The Home team makes the call cancelling the rest of the day.

## **First Aid, Injury, and Insurance**

All WBYF head coaches must be CPR/AED trained

All WBYF teams shall be issued a team's first aid kit and dry cool packs. The first aid kit shall contain supplies for minor cuts and abrasions. The WBYF Head Coach shall ensure the first aid kit is available at all home or away games as well as practices.

WBYF Head Coaches shall obtain replenishment first aid supplies from any board member.

In the event of a serious injury (e.g. head, neck, back injuries, fractures, etc,) requiring emergency or ambulance care at any home field; the West Babylon Fire Department shall be contacted at (631) 226-1212 or 911.

WBYF Head Coach shall promptly report all injury or accidents within 24 hours to WBYF President, Vice President, or a WBYF Board Member. They will follow the procedure set up by SCPAL and insurance company to report the incident.

Emergency phone numbers for those individuals are located on page 2.

In the event of an injury involving bleeding, the bleeding must be stopped, the wound must be cleaned and the open wound must be covered. If there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.

**Treat minor cuts and scrapes as follows:**

- (1) Stop the bleeding by applying direct pressure with a clean dressing to the wound and elevate it. Do not remove the dressing if it becomes soaked, instead, place an additional dressing on top of the one already in place. If the bleeding continues, elevate the injured area above the heart and maintain pressure.
- (2) Cleanse the wound thoroughly once the bleeding is controlled. A good rinsing with a forceful stream of water, and perhaps light scrubbing with soap will help prevent infection.
- (3) Protect the wound with sterile gauze or a Band Aid. If the player continues to participate, apply protective padding over the injured area
- (4) For bloody nose not associated with serious facial injury, have the athlete sit and lean slightly forward. Pinch the nostrils shut. If the bleeding continues after several minutes or if the athlete has a history of nosebleeds, seek medical assistance.

The physical demands of practices and games often result in injury to the muscles and tendons (sprains), or the ligaments (sprains). Treat minor sprains and strains utilizing the RICE method of injury care (see next page). Do not move the injured limb/digit. Instead allow the player to stand, walk, or move the injured areas. Inevitably, ball players make contact with each other and with the ground. If the force of a body part at impact is great enough, a bump or a bruise will result. Many players continue playing with such sore spots, but if the bump or bruise is large and painful, treat the “RICE” method for injury care. If swelling, discoloration, and pain have lessened, the player may resume participation with protective padding. If not, the player should be examined by a physician.

**R** = Rest the area to avoid further damage and foster healing.

**I** = Ice the area to reduce swelling and pain

**C** = Compress the area by securing an ice bag in place with an elastic band

**E** = Elevate the injury above the heart to keep blood from pooling in the area

Any player under physician's care for injury, either prior to or during the season, must provide a physician's medical clearance to resume participation in ANY WBYF activity.

### **SERIOUS INJURY (Loss of consciousness or cardiac event)**

Head coach is to direct a pre-determined assistant to call 911 and head to the parking lot to direct emergency vehicles into the facility and to the injury. Another pre-determined individual will retrieve the AED (located on the fence at the field entrance (JHS) or at the concession stand (PAPE). Trained coach will administer first aid and CPR/AED if necessary. Care will continue until help arrives.

In the event an athlete needs to go the hospital in an ambulance, coach will find the parent and ensure the parent is traveling with the ambulance. If no parent can be found, the coach will accompany child to the hospital and continue trying to contact a parent.

### **CONCUSSION CARE**

If any child is suspected of having a concussion, they will be immediately removed from the field of play. An ambulance will be called if necessary. If no ambulance is necessary, the coach will find a parent or guardian, explain the situation and direct the parent to take the child to the hospital or an urgent care facility. The player may NOT return to activity until a doctor clears him. Concussion protocols and rules are attached to the end of this document.

## **HEAT RELATED ISSUES**

All coaches will adhere to PAL policies governing heat alerts and advisories. Procedures and classifications are at the end of this document

## **WBYP ISSUED PLAYER EQUIPMENT**

All WBYP equipment shall be inspected for safety and conformance to manufacturer's standards either by coaches or Board members prior to being issued at the start of the playing season. Any equipment that is found to be non-conforming or unsafe shall be set aside for repair or disposal. Any equipment distributed by the WBYP and subsequently found to be unusable, defective, or non-conforming to league regulations shall be removed from the playing field immediately. Such equipment shall be repaired or replaced as necessary. When the non-conforming equipment is mandatory equipment, the game shall not continue until such mandatory equipment has been repaired or replaced.

At the end of the season, the WBYPFL equipment shall be re-inspected and sent out to be reconditioned and sterilized.



## **PLAYER'S PERSONAL EQUIPMENT**

Any player using their own equipment must have the equipment inspected by a coach or board member to meet the manufacturer's standards and comply with the rules set by Suffolk County PAL.

## **PLAYER SAFETY**

Each player shall conduct him/herself in a safe manner at all times. WBYF Coaches shall immediately take necessary corrective action for safety violators. Repetitive violators of safety rules are subject to disciplinary action including suspension, if necessary.

Players shall not wear watches, rings, earrings, pins, jewelry or other metal objects at any time during practice or game play. Parents of players who wear eye glasses shall be encouraged to provide safety glasses.

Players shall not eat or drink while on the playing field.

In addition, male players must wear a protective supporter and a metal, fiber, or plastic type cup.

## **COACHES**

WBYF coaches shall ensure that all players use the personal protective equipment when necessary and to check their team equipment to ensure proper fit and is safe for the players to use. WBYF coaches shall report any equipment that needs to be taken out of service to the Board. WBYF coaches shall remove any unsafe equipment from the game and turn it into the WBYF at the end of the game. (EXCEPTION- immediate replacement or repair shall occur when a piece of equipment is needed to continue play). The WBYF coaches are responsible for the actions of their players both on the field and on the sidelines. Players who are ejected, ill or injured during the game or practice play should remain under supervision by a coach or Board member until released to a parent or guardian.

The use of any tobacco product and/or alcoholic beverage in any form are prohibited on any of the playing/practice facilities, school fields, benches, parking lots, or playing area complex.

WBYF coaches shall avoid at all costs child abuse including neglect. Neglect is defined as ignoring a child who needs to develop skills. Verbal abuse is the demeaning of a child until him/her withdraws or suffers diminished self-esteem. Physical abuse is the striking of a child or other intentional acts, which may cause physical harm.

We have one AED located on the home team's sideline. The WBYFL board and all Head coaches are CPR/AED trained. We recommend that all coaches receive this training; the league

has made arrangements to provide CPR/AED training during the course of the season.

## **SPECTATORS**

All spectators will conduct themselves in a sportsmanlike manner at all times. Loud or violent conduct will not be tolerated under any circumstances. No alcoholic beverages or tobacco products are permitted inside West Babylon fields, school fields, or any other playing fields during practice or game play. Only players, coaches and referees are permitted on the playing field during game play or practice.

**Helpful guidelines and information concerning concussions, heat regulation**



## HEAT INDEX PROCEDURES

### Administration of Heat Index Procedures:

- Heat index will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 80 degrees (Fahrenheit) or higher.
- The athletic trainer, athletic director, or school designee will use the [accuweather.com](http://accuweather.com) website to determine the heat index for the area of the contest/practice. The [accuweather.com](http://accuweather.com) website can be reached through the NYSPHSAA website. Once a person is on the [accuweather.com](http://accuweather.com) website, they will put in the zip code for the location of the contest/practice and the website will give them the air temperature as well as the RealFeel temperature (heat index).
- If the RealFeel temperature (heat index) is 90 degrees or above, the athletic trainer, athletic director, or school designee must re-check the RealFeel (heat index) at halftime or midway point of the contest. If the RealFeel (heat index) temperature is 96 degrees (Fahrenheit) or more, the contest will be suspended.

**Please refer to the following chart to take the appropriate actions:**

	RealFeel (Heat Index) under 79 degrees	Full activity. No restrictions
<b>R E C O M M E N D E D</b>	Heat Index Caution: RealFeel (Heat Index) 80 degrees to 85 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider reducing the amount of time for the practice session.
	Heat Index Watch: RealFeel (Heat Index) 86 degrees to 90 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider postponing practice to a time when ReelFeel temp is lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time).
	Heat Index Warning: RealFeel (Heat Index) 91 degrees to 95 degrees	Provide ample water and water breaks every 15 minutes. Monitor athletes for heat illness. Consider postponing practice to a time when RealFeel temp is much lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time). Light weight and loose fitting clothes should be worn. For Practices only Football Helmets should be worn. No other protective equipment should be worn.
<b>REQUIRED</b>	Heat Index Alert: RealFeel (Heat Index) 96 degrees or greater	No outside activity, practice or contest, should be held. Inside activity should only be held if air conditioned.



# Parents' and Coaches' Guide to Dehydration and Other Heat Illnesses in Children

These guidelines were developed to help parents and coaches increase the safety and performance of children who play sports in hot weather. Children who play sports or are physically active in hot weather can be at risk for heat illnesses. The good news is heat illnesses can be prevented and successfully treated.

Children sweat less than adults. This makes it harder for children to cool off. Parents and coaches must make sure that children take it slow to be sure they can get used to the heat and humidity gradually.

There are other reasons why a child may become ill from a heat illness. Those who have a low level of fitness, who are sick, or who have suffered from dehydration or heat illness in the past should be closely watched. A medical professional such as a certified athletic trainer (ATC) should be on site to monitor the health and safety of all participants during games and practice, especially when it is very hot and humid.

## Dehydration

Children get dehydrated if they do not replace body fluids lost by sweating. Being even a little dehydrated can make a child feel bad and play less effectively. Dehydration also puts children at risk for more dangerous heat illnesses.

### Signs and Symptoms

- ◆ Dry mouth
- ◆ Thirst
- ◆ Being irritable or cranky
- ◆ Headache
- ◆ Seeming bored or disinterested
- ◆ Dizziness
- ◆ Cramps
- ◆ Excessive fatigue
- ◆ Child not able to run as fast or play as well as usual

### Treatment

- ◆ Move child to a shaded or air-conditioned area.
- ◆ Give him or her fluids to drink.

### "When can I play again?"

A child may be active again as soon as he or she is symptom-free. However, it's important to continue to watch the child.

*National*  
**SAFE  
KIDS**  
  
*Campaign*<sup>®</sup>

 **National  
Athletic Trainers'  
Association**<sup>®</sup>  
*Health Care for Life & Sport*

## Heat Cramps

Heat cramps are a mild heat illness that can be easily treated. These intense muscle spasms usually develop after a child has been exercising for a while and has lost large amounts of fluid and salt from sweating. While heat cramps are more common in children who perform in the heat, they can also occur when it's not hot (for example, during ice hockey or swimming).

Children who sweat a lot or have a high concentration of salt in their sweat may be more likely to get heat cramps. Heat cramps can largely be avoided by being adequately conditioned, getting used to the heat and humidity slowly, and being sure a child eats and drinks properly.

### Signs and Symptoms

- ◆ Intense pain (not associated with pulling or straining a muscle)
- ◆ Persistent muscle contractions that continue during and after exercise

### Treatment

- ◆ The child should be given a sports drink to help replace fluid and sodium losses.
- ◆ Light stretching, relaxation and massage of the cramped muscles may help.

### "When can I play again?"

A child may be active again when the cramp has gone away and he or she feels and acts ready to participate. You can help decrease the risk of recurring heat cramps by checking whether the child needs to change eating and drinking habits, become more fit, or get better adjusted to the heat.

## Heat Exhaustion

Heat exhaustion is a moderate heat illness that occurs when a child continues to be physically active even after he or she starts suffering from ill effects of the heat, like dehydration. The child's body struggles to keep up with the demands, leading to heat exhaustion.

### Signs and Symptoms

- ◆ Child finds it hard or impossible to keep playing
- ◆ Loss of coordination, dizziness or fainting
- ◆ Dehydration
- ◆ Profuse sweating or pale skin
- ◆ Headache, nausea, vomiting or diarrhea
- ◆ Stomach/intestinal cramps or persistent muscle cramps

### Treatment

- ◆ Move child to a shaded or air-conditioned area.
- ◆ Remove any extra clothing and equipment.
- ◆ Cool the child with cold water, fans or cold towels (replace towels frequently).
- ◆ Have child lie comfortably with legs raised above heart level.
- ◆ If the child is not nauseated or vomiting, have him or her drink chilled water or sports drink.
- ◆ The child's condition should improve rapidly, but if there is little or no improvement, take the child for emergency medical treatment.

### "When can I play again?"

A child should not be allowed to return to play until all symptoms of heat exhaustion and dehydration are gone. Avoid intense practice in heat until at least the next day, and if heat exhaustion was severe, wait longer. If the child received emergency medical treatment, he or she should not be allowed to return until his or her doctor approves and gives specific return-to-play instructions.

Parents and coaches should rule out any other conditions or illnesses that may predispose the child for continued problems with heat exhaustion. Correct these problems before the child returns to full participation in the heat, especially for sports with equipment.

## Exertional Heat Stroke

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising in the heat. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

### Signs and Symptoms

- ◆ Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when the child falls ill
- ◆ Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity

Other possible indicators include:

- ◆ Nausea, vomiting or diarrhea
- ◆ Headache, dizziness or weakness
- ◆ Hot and wet or dry skin
- ◆ Increased heart rate, decreased blood pressure or fast breathing
- ◆ Dehydration
- ◆ Combativeness

### Treatment

If there are no on-site medical personnel:

- ◆ Call emergency medical services for immediate transport to the nearest emergency medical facility. Begin cooling the child while waiting for and during transport to the emergency facility.

If there are on-site medical personnel:

- ◆ Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressive whole-body cooling by immersing the child in a tub of cold water. If a tub is not available, use alternative cooling methods such as cold water, fans, ice or cold towels (replaced frequently), placed over as much of the body as possible.
- ◆ Call emergency medical services for transport to the nearest emergency medical facility.

### "When can I play again?"

No child who has suffered heat stroke should be allowed to return until his or her doctor approves and gives specific return-to-play instructions. Parents should work with the child's doctor to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke. The child should return to physical activity slowly, under the supervision of an ATC or other qualified health care professional, especially for sports with equipment.

### Parents: How Much Should Your Child Drink When Active?

- ◆ Before activity in the heat, record your child's body weight. (Remember if your child has already been exercising in the heat, he or she may already be dehydrated.)
- ◆ Weigh your child again, after the activity is over.
- ◆ Compare your child's pre-activity body weight to his or her post-activity body weight.

If post-activity weight is less than pre-activity weight, your child is not drinking enough fluids while active. A loss of as little as 1 percent of body weight can cause a decrease in performance. Because scientists have proven that children replace less of their fluid losses when drinking water, you may want to offer a flavored sports drink to increase the amount of fluid your child consumes.



## Tips for Parents

- ◆ Before your child starts playing a sport, he or she should have a physical examination that includes specific questions about any history of heat illness.
- ◆ Tell your child's coach about any history of heat illness.
- ◆ Make sure your child is properly hydrated before he or she heads out the door to practice or a game. Give your children their own water bottles.
- ◆ Make sure your child's coach has your emergency contact numbers.
- ◆ Check that your child's league/team has an emergency action plan.

## Tips for Coaches

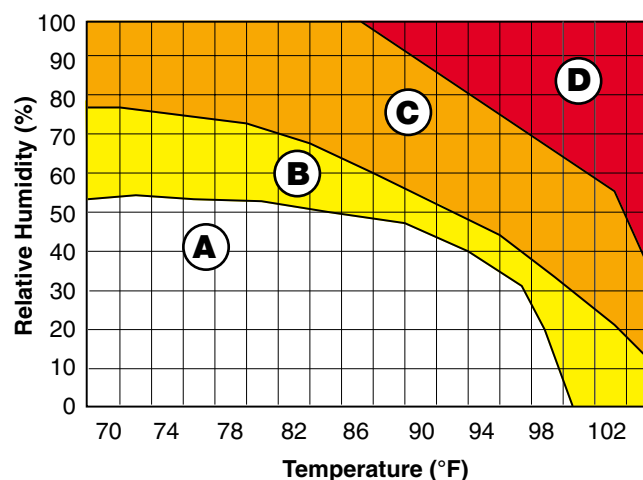
- ◆ Be aware of temperature and humidity levels. Change practice length, intensity and equipment use as the levels rise.
- ◆ It should be easy for children to drink fluids during practice, and you should remind them to drink regularly. Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise.
- ◆ Every athletic organization should have an emergency action plan for obtaining emergency medical services if needed.
- ◆ Always have contact information for parents available.

## Activity Guidelines

Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise.

Add 5°F to the temperature between 10:00 a.m. and 4:00 p.m. from mid-May to mid-September on bright, sunny days.

- A. Children should receive a 5-10 minute rest and fluid break after every 25 to 30 minutes of activity.
- B. Children should receive a 5-10 minute rest and fluid break after every 20 to 25 minutes of activity. Children should be in shorts and t-shirts (with helmet and shoulder pads only, not full equipment, if worn for activity).



- C. Children should receive a 5-10 minute rest and fluid break after every 15 to 20 minutes of activity. Children should be in shorts and t-shirts only (with all protective equipment removed, if worn for activity).
- D. Cancel or postpone all outdoor practices/games. Practice may be held in an air-conditioned space.



# CONCUSSION FACT SHEET FOR PARENTS



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

### SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

### SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



[ INSERT YOUR LOGO ]



## DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **SEEK MEDICAL ATTENTION RIGHT AWAY**  
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**  
Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**  
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

## HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# HEADS UP CONCUSSION



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

## SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

### › SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### › SYMPTOMS REPORTED BY ATHLETE

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## ACTION PLAN

As a coach, if you think an athlete may have a concussion, you should:

1. **Remove the athlete** from play.
2. **Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion.
3. **Record and share information about the injury**, such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
5. **Ask for written instructions from the athlete's health care provider** about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
  - › Be back to doing their regular school activities.
  - › Not have any symptoms from the injury when doing normal activities.
  - › Have the green-light from their health care provider to begin the return to play process.

For more information and to order additional materials **free-of-charge**, visit: [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).

*The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.*

**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**