



**ENGLEWOOD DEPARTMENTS OF**

**HEALTH AND RECREATION**

**CONCUSSION POLICY ACKNOWLEDGMENT FORM**



In order to help protect our student athletes, the Englewood Health and Recreation Departments has mandated that all athletes, parents/guardians and coaches follow the Englewood Health Recreation Departments Concussion Policy.

**CONCUSSION POLICY**

- Student-Athletes age 10 and above participating in the Englewood Recreation Football Program will take a baseline computerized cognitive test, scientifically validated to evaluate concussion activity (i.e. IMPACT testing). Re-testing is required every two years.
- All Student-Athletes, regardless of specific sports program, will adhere to the following points regarding concussive activity:
  - Any Student-Athlete determined to have sustained a concussion, per report and/or observation by the child, parent, coach, physician, etc, will be immediately removed from competition or practice.
  - He/she will be **prohibited** from reengaging in any recreation department-based sports program for a period of at least fourteen (14) days.
  - At that time, his/her return to play will be dependent on 1) a physical evaluation and written release from a medical physician granting return to play and, 2) satisfactory performance on computerized concussion post-testing for Student-Athletes who have taken IMPACT baseline testing.

As it is well known that young individuals often underreport symptoms of injuries, including concussions, a focus on the Englewood Health and Recreation Departments Concussion Policy will be to educate administrators, coaches, parents and students to ensure the student-athlete's safety and to effectively identify concussive activity.

The Englewood Recreation Department shall maintain, to the extent feasible, confidentiality of the Student-Athlete's medical condition.

If any Student-Athlete or Parent/Guardian should have any questions or comments regarding this policy, he/she is welcome to contact the Director of the Recreation Department, Ms. Merle Simons, at 201.568.3472.

Englewood Recreation Department  
130 West Englewood Ave  
Englewood, NJ 07631

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Signature of Student-Athlete

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Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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Print Parent/Guardian's Name

\_\_\_\_\_  
Date