WASHINGTON PANTHERS YOUTH FOOTBALL PROGRAM

Concussion Awareness & Return-to-Play Policy

Our Commitment to Athlete Safety

The Washington Panthers Youth Football Program is committed to protecting the health and well-being of every athlete. Athlete safety always takes priority over practices, games, playing time, or competitive success. The Program follows current USA Football concussion education and management guidance and utilizes IHSA environmental safety recommendations where applicable. Coaches are expected to recognize concussion symptoms and respond immediately whenever one is suspected.

What is a Concussion?

A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. Symptoms may include headache, dizziness, confusion, balance problems, nausea, blurred vision, memory difficulty, sensitivity to light or noise, unusual behavior, or loss of consciousness. Symptoms may appear immediately or several hours later.

Immediate Removal

Any athlete suspected of sustaining a concussion shall be immediately removed from participation and shall not return the same day. Emergency medical services will be contacted whenever symptoms indicate a potentially serious injury.

Return-to-Play

An athlete must be symptom-free, resume normal daily activities without symptoms, receive appropriate medical clearance when required, and successfully complete a gradual return-to-play progression before returning to full participation. If symptoms return, participation stops until medically reevaluated.

Responsibilities

Parents agree to report any diagnosed concussion and follow medical recommendations. Athletes agree to report symptoms honestly and never hide an injury. Coaches will never encourage an athlete to 'play through' a suspected concussion and will communicate suspected head injuries with parents promptly.

Acknowledgement

By signing below, I acknowledge that I have read and understand this policy and agree to comply with the Washington Panthers Youth Football Program concussion management procedures.

Participant: _____
Parent/Guardian: _____
Signature: _____ Date: _____