# Concussion Management

**Section** 704.9 **Board Report** 26-0730-PO1 **Date Adopted** July 30, 2026

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**THE SUPERINTENDENT/CHIEF EXECUTIVE OFFICER RECOMMENDS:**
The Board rescinds Board Report 18-0822-PO3 and adopts a new Concussion Management Policy.

**BACKGROUND:** The Board first adopted a Concussion Management Policy, Board Report 11-0727-PO1, on July 27, 2011 and adopted a new policy on August 22, 2018. It is recommended that the 2018 policy be rescinded and a new Concussion Management Policy adopted. This is to reflect current best practices as it relates to concussion protocols and treatment requirements for all school-aged children, inclusive of student athletes, and to update the policy language to be consistent with new scientific understanding of concussions, and to continue compliance with amendments to two Illinois laws, the Youth Concussion Safety Act.

**PURPOSE:** The purpose of this policy is to safeguard Chicago Public Schools (CPS) students who could be exposed to concussion risk. This policy provides context and clarity for students, school personnel, and parents/guardians in the following ways:

(1) identifying concussions,
(2) managing students' return to learn, return to play, and
(3) complying with state law and concussion management requirements set forth by the Illinois High School Association (IHSA).

**POLICY TEXT:**

I. Applicability

This policy applies to all CPS students, including athletes or non-athletes, who are suspected of having suffered a concussion. This includes concussions in or out of school. With respect to athletics, this policy applies to all students who participate in CPS-sponsored intramural, interscholastic, after-school, or summer programs, including programs offered by or through a Board contractor, vendor, or partner.

II. Definitions

1. **Athletic Trainer:** An athletic trainer licensed by the Illinois Athletic Trainers Practice Act.

2. **Athletic Program Administrator:** For the purpose of this policy, an Athletic Administrator is the person assigned/delegated to specifically manage athletic programming at the school. This is typically the athletic director (high school) or sports liaison (elementary school), but can include individuals with other titles such as Athletic Compliance Manager or Athletic Coordinator.

3. **Coach:** Any volunteer or employee who is responsible for organizing and supervising players and teaching them or training them in the fundamental skills of extracurricular athletics. Coach refers to both head coaches and assistant coaches.

4. **Concussion:** A complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or the body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns, and which may or may not involve a loss of consciousness. Signs and symptoms of a concussion may include the following:

| Signs | Symptoms |
|---|---|
| ●Appears dazed or stunned<br>●Appears confused<br>●Memory Loss<br>● Examples include<br>○ Forgets sports plays<br>○ Can't recall events prior to hit or fall<br>○ Can't recall events after hit or fall<br>○ Is unsure of game, score, opponent<br>○ Forgets class schedules or assignments<br>● Moves clumsily<br>● Answers questions slowly<br>● Loses consciousness (even briefly)<br>● Shows behavior or personality changes<br>● Repeats questions | Emotional Symptoms<br>● Irritable<br>● Sad<br>● Nervous<br>Physical Symptoms<br>● Headache or "pressure in head"<br>● Poor balance or dizziness<br>● Vision changes<br>● Light or sound sensitivity<br>● Numbness or Tingling, does not "feel right"<br>● Neck Pain<br>● Nausea or vomiting<br>Cognitive Symptoms<br>● Difficulty thinking clearly<br>● Impaired concentration or memory<br>● Feeling more slowed down than usual<br>● Foggy, groggy, hazy or confused<br>Sleep Symptoms<br>● Fatigued or feeling tired<br>● Change in sleep patterns<br>● Trouble falling asleep |

5. **CPS Concussion Guidelines**: An outline for best practices regarding supporting students returning to school and returning to physical activity, as well as steps schools can take to try to reduce concussion risks in their school

6. **Concussion Supervisor:** A non-coach full-time school employee appointed by each school principal to monitor compliance with state law and this policy

7. **District Level Concussion Oversight Team:** A team of both CPS employees and community partners that provides guidance on best practices for concussion protocols. This committee will meet at a minimum of annually to review current CPS concussion guidance and protocols.

8. **Interscholastic Athletic Activity:** Any organized school-sponsored or school-sanctioned activity for students, generally outside of school instructional hours, under the direction of a coach, athletic director, or band leader.

9. **Licensed Health Care Professional:** Physician licensed to practice medicine in all its branches in Illinois (M.D. or D.O.), Certified Athletic Trainer (ATC), Advanced Practice Nurse (APN), Physician's Assistant (PA), or Clinically Licensed Psychologist who specializes in the practice of Neuropsychology

10. **Play:** For the purpose of this policy, play is defined as exerted physical activity outside of normal physical activity, for example: the physical part of physical education, recess, and sporting events.

11. **Return to Learn**: The steps and procedures required for a CPS student to safely return to the academic environment, including the educational component of physical education, pursuant to the recommendation of a Licensed Health Care Professional

12. **Return to Play:** The steps and procedures required for a CPS student athlete to safely return to "play" as defined in Section II.I.

III. Concussion Oversight

1) District Level Concussion Oversight Team
    a) The responsibilities of the District Level Concussion Oversight Team include:
        i) Reviewing and updating the CPS Concussion Guidelines as appropriate;
        ii) Reviewing the guidelines for school-specific emergency procedures for school-specific medical procedures at Athletic Events.
        iii) Reviewing this policy to ensure it reflects the most up-to-date and evidence-based procedures regarding the return to play protocols and return to learn protocols; and
        iv) Ensuring that annual communication is sent out to the greater school district, staff, parents, and students about the IHSA CPR training video.
    b) Membership of the District Level Concussion Oversight Team shall include, whenever possible:
        i) External or Internal Consulting Physician;
        ii) Chief Health Officer or designee;
        iii) An Athletic Trainer;
        iv) Executive Director of the Office of Sports Administration or designee;
        v) A representative from the Office of School Safety and Security; and
        vi) A representative from the Facilities Department.
2) School Level Concussion Supervisor
    a) The responsibilities of the School Level Concussion Supervisor include:
        i) Ensuring that the Suspected Concussion Removal Protocol as outlined in Section IV. A is followed;
        ii) Ensuring that Return to Learn Protocols, as outlined in Section IV.B of this policy is followed;
        iii) Ensuring that the Return to Play as outlined in Section IV.C of this policy is followed;
        iv) Ensuring the venue-specific action plan for athletic activities is posted, disseminated, and followed if the school hosts interscholastic activities; and
        v) Providing vendors and volunteers information on the Concussion Management Policy, Protocols, and Guidelines.
3) Coaches
    a) When there is a head coach assigned to a team, the responsibilities listed below fall to the head coach for all student athletes that participate in their team.
        i) Ensuring each student athlete and their parent/guardian/individual who is legally able to make medical decisions for the student has signed the IHSA form, found in the student athlete packet, acknowledging that both individuals received and read written information on:
            (1) Concussion Prevention
            (2) Signs and Symptoms of a Concussion
            (3) Treatment of a Concussion
            (4) CPS Concussion Guidelines
        ii) Ensuring that all High School student athletes on their team watch the IHSA student-specific concussion video each year.

IV. Concussion Protocols

1. Removal Protocol

    a. During the School Day
        i. If a staff member, volunteer or CPS vendor employee observes a student to have hit their head, and they observe signs or symptoms of a concussion or if the student reports they have hit their head and the staff members observes signs or symptoms of a concussion. Then that student's legal guardian is to be called immediately, by the principal or designee, and provided resources on a concussion evaluation.
            1. Parents are to be provided with the Incident Letter that provides the Claim Number within 24 hours of the school day following the incident.

    b. Interscholastic Athletics
        i. If any one of the following individuals believes that a student is exhibiting signs, symptoms, or behaviors consistent with a concussion, that student shall be immediately removed from the game or practice.
            1. A coach
            2. A physician
            3. A game official
            4. An athletic trainer
            5. A teammate
            6. The student's parent or guardian, or anyone with the legal authority to make medical decisions for the student
            7. The student
            8. Any other person deemed appropriate under the CPS Concussion Guidelines

    c. Within 24 hours of the incident that led to the suspected concussion, the incident must be documented by the individual who suspects the student has sustained a concussion through the CPS Incident Reporting form.

    d. Within 24 hours of the following school day of an event the incident must be:
        i. Documented in Oracle's VERIFY system; and
        ii. Documented via an incident report in ASPEN;

    e. A student may return to play if there is an approved Licensed Health Care Professional on site who can clear the student.
        i. If the student is unable to be immediately cleared, they must move into the Suspected Concussion Removal Protocol and can only return to Play after all the Return to Learn and Return to Play Protocols have been completed.

2. Return to Learn Protocol
    a. Students should not be excluded from school due to a concussion. Most students will be able to return to school immediately.
        i. A period of relative rest may be required by a licensed health care professional.
        ii. If Concussion symptoms are severe enough to require absence from school they fall under the excused absence policy for medical absences.
    b. The school's concussion supervisor and school nurse must be notified when a student who is believed to have suffered a concussion returns to school.
        i. Copies of all concussion-related diagnostic paperwork should be sent directly to school nurses, school Athletic Directors (where applicable), and Athletic Trainers (where applicable).

c. Students who have significant concussive symptoms may require academic accommodations or a 504 Plan.
    i. Accommodations should be individualized according to physicians' recommendations and students' symptoms.
    ii. If a student has ongoing symptoms of a concussion and has been approved to return to learn, it may be appropriate to convene a meeting that includes the school nurse, parents, and school personnel to determine the next steps, which may include a request for a 504 Plan.
d. Physical Education classes would be considered both Return to Play with considerations of the "play" component as defined in Section II.I, and Return to Learn, with consideration to the educational component of Physical Education.

3. Return to Play Protocols after Removal

In order for a student to Return to Play from the Suspected Concussion Removal Protocol all of the following must be completed:

a. The student suspected of having experienced a concussion must be evaluated by a Licensed Health Care Professional using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines.
b. The Licensed Health Care Professional provided a written statement indicating that, in their professional judgment, it is safe for the student to return to play.
c. The school's concussion supervisor and school nurse must be notified when a student who is believed to have suffered a concussion returns to school. It is the responsibility of the school concussion supervisor to ensure that all steps required above have been taken before a student can return to school and/or play.
    i. Copies of all concussion-related diagnostic paperwork should be sent directly to school nurses, school Athletic Directors (where applicable), and Athletic Trainers (where applicable).
    ii. Before a student returns to play, the student must be at baseline (this may vary student to student) and engaged in full participation in all normal classroom activities.
d. If the student was diagnosed with a concussion and is a student athlete, the following must occur:
    i. The student must sign the IHSA Post-concussion Consent Form (RTP/RTL) form acknowledging they have received, read, and consent to the following:
        1. The return-to-play and return-to learn protocols
        2. Complying with return to learn and return to play protocols
        3. The risks associated with the student returning to play and returning to learn
        4. The disclosure to the appropriate persons, consistent with the federal health insurance portability and accountability act of 1996 (Public Law 104-191) of the treating physician's or athletic trainers' written statement, and if any, recommendations for return to play or return to learn
    ii. The parent/legal guardian/individual legally allowed to make medical decisions for the student diagnosed with a concussion must:
        1. Sign the IHSA Post-concussion Consent Form (RTP/RTL), acknowledging they have received, read, and consent to the following:
            a. The return-to-play and return-to learn protocols
            b. Complying with return to learn and return to play protocols
            c. The risks associated with the student returning to play and returning to learn.
            d. The disclosure to the appropriate persons, consistent with the federal health insurance portability and accountability act of 1996 (Public Law 104-191) of the treating physician's or athletic trainers'

written statement and if any, recommendations for return to play or return to learn

4. Documentation

1. All cases of suspected concussions that occur at school or during school-sponsored activities must be entered into the CPS incident reporting system documented through an incident report within 24 hours of the incident by the injured student's School Administrator.

2. Within 24 hours of the following school day of an event the incident must be:
   a. Documented in Oracle's VERIFY system;
   b. Documented via an incident report in ASPEN; and

3. Prior to participation in CPS athletics programs, all student athletes must submit an Illinois High School Association (IHSA) Sports Medicine Acknowledgement and Consent Form (Concussion Information Sheet) along with the student athlete's Player Record Packet.

4. In the case of student athletes who were on the Suspected Concussion Removal Protocol, schools shall comply with the Return to Play documentation requirements and procedures outlined in this policy.

5. In the case of student athletes who are diagnosed with a concussion, schools shall:
   a. Ensure copies of all concussion-related diagnostic paperwork are sent directly to school nurses, school Athletic Administrators, and Physical Trainers (where applicable).
   b. Ensure student athletes and their families have received the necessary documentation outlined in Sub Section D, bullet points C and D of this policy.

6. Schools are required to ensure that certified athletic trainers that are full-time employees of the school additionally report all concussions sustained by student athletes on the IHSA Schools Center web page on a monthly basis as required by the Illinois Athletic Organization Act.

V. Concussion Awareness Training

1. All those who sit on the District Concussion Oversight Committee must complete an approved concussion training once every two years. Approval of the Concussion Training shall come from the Illinois Department of Finance and Professional Regulation.
   a. Proof of completion of training must be recorded and received by the Chief Executive Officer or their designee.

2. High School Athletic Directors and Coaches

   a. Once every 2 years, all high school athletic directors and coaches must complete an approved IHSA concussion awareness training before the start of their sport's season.
   b. Proof of completion of training must be recorded and received by the Chief Executive Officer or their designee.

3. Elementary and Middle School Coaches

   a. Once every 2 years, all elementary and middle school coaches must complete a concussion awareness training, provided either through the Centers for Disease Control and Prevention or the National Federation of High Schools, before the start of their sport's season.

b. Proof of completion of training must be recorded and received by the Chief Executive Officer or their designee.

VI. Guidelines

The Chief Executive Officer or designee is authorized to issue Guidelines for the effective implementation of the requirements of this Policy.

VII. Compliance

Failure to comply with this Policy may subject employees to discipline up to and including dismissal.

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| **Amends/Rescinds** | Rescinds 18-0822-PO3 and 11-0727-PO1 |
| **Legal References** | Interscholastic Organization Act, 105 ILSC 25, Youth Sports Concussion Safety Act, 410 ILSC 45, and Municipal Code of Chicago Chapter 7-22 |
| **Public Comment** | Pursuant to Board Rule 2-6 this Policy was posted for Public Comment from 5/29/26 - 6/27/26. |