DAVENPORT WILDCATS
YOUTH ATHLETIC CLUB

CONCUSSION PROTOCOL

Recognition • Immediate Removal • Medical Clearance • Graduated Return

NFHS-ALIGNED CLUB POLICY

THE NON-NEGOTIABLE RULE

When a concussion is suspected: remove the athlete immediately, keep the athlete out for the rest of the day, notify the parent/guardian, and require evaluation and written medical clearance before return.
When in doubt, sit them out.

Policy Number	DWYAC-HS-01
Effective Date	July 10, 2026
Review Date	July 2027 or sooner if guidance changes
Board Approval Date	_____
Club Safety Coordinator	_____

This policy applies to every Davenport Wildcats Youth Athletic Club practice, game, tournament, camp, clinic, workout and team-sponsored activity, regardless of sport or athlete age.

1. Purpose and Governing Standard

The Davenport Wildcats Youth Athletic Club (the "Club") adopts this protocol to protect athletes from the risks of an unrecognized or improperly managed concussion. The protocol is based on the National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee guidance, CDC HEADS UP recommendations, and Iowa's interscholastic concussion framework. Although Iowa Code section 280.13C is directed to school interscholastic activities, the Club voluntarily applies an equal or more protective standard to all Club programs and ages.

This document is a safety policy, not a medical diagnosis or treatment plan. A licensed health-care provider trained in concussion evaluation and management must make medical decisions. Where applicable law, a league, a tournament, a school, or a medical provider imposes a stricter requirement, the stricter requirement controls.

CORE POLICY

A coach, official, parent, athlete, board member, medical professional, or other responsible adult may stop participation when a concussion is suspected.

No coach, parent, athlete, or team representative may overrule a removal decision or waive the requirements of this protocol.

2. What Is a Concussion?

A concussion is a traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the brain to move rapidly within the skull. Loss of consciousness is not required. Signs and symptoms may appear immediately or may develop over the following hours.

3. Recognition: Signs and Symptoms

Signs Others May Observe	Symptoms the Athlete May Report
• Dazed, vacant, stunned, or glassy-eyed appearance • Confusion about assignment, position, score, opponent, or events • Moves clumsily or has balance problems • Answers questions slowly or repeats questions • Cannot recall events before or after the hit or fall • Mood, behavior, or personality changes • Loss of consciousness, even briefly	• Headache or pressure in the head • Neck pain, dizziness, or balance problems • Nausea or vomiting • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or "not right" • Problems with concentration or memory; confusion; feeling down or unusually emotional

Important: Coaches and parents are not expected to diagnose a concussion. Any single sign, symptom, or concerning behavior after a hit is enough to remove the athlete and begin this protocol.

4. Immediate Action Plan

1. **STOP AND REMOVE.** Immediately stop the athlete's participation in all physical activity. Remove the helmet or other equipment only if it can be done safely and without moving a potentially injured neck.
2. **ASSESS FOR EMERGENCY DANGER SIGNS.** Activate emergency medical services when a danger sign is present or when the athlete's condition is deteriorating. Do not move an athlete with a suspected neck or spine injury unless required for immediate safety or directed by trained medical personnel.
3. **NO SAME-DAY RETURN.** The athlete will not return to practice, a game, a tournament, warm-ups, conditioning, or any other sports activity on the day of the suspected concussion.
4. **SUPERVISE.** Keep the athlete with a responsible adult, closely monitor for changes, and do not leave the athlete alone until released to a parent/guardian or medical professional. The athlete must not drive.
5. **NOTIFY.** Contact the parent/guardian immediately and explain what happened, the signs or symptoms observed, and whether emergency care was activated.
6. **REFER FOR MEDICAL EVALUATION.** Advise the parent/guardian that the athlete must be evaluated by a licensed health-care provider trained in concussion evaluation and management.
7. **DOCUMENT.** Complete the Club Concussion Incident Report before the end of the day and notify the head coach and Club Safety Coordinator or board designee.

CALL 911 OR SEEK EMERGENCY CARE NOW FOR ANY DANGER SIGN

- One pupil larger than the other
- Drowsiness or inability to wake the athlete
- A headache that worsens and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or repeated nausea
- Convulsions or seizures
- Unusual behavior, increasing confusion, restlessness, or agitation
- Any loss of consciousness, or a suspected neck/spine injury

5. After the Athlete Leaves the Field

- The parent/guardian should receive the incident details and be instructed to obtain medical evaluation.
- Symptoms can emerge or worsen later. The athlete should be monitored closely and emergency care sought if any danger sign develops.
- The Club will provide no diagnosis, medication recommendation, or promise of a return date.
- The athlete remains restricted from all Club activity until the return requirements below are satisfied.

6. Recovery and Return-to-Learn

Recovery should be directed by the athlete's health-care provider. Current NFHS guidance supports an initial period of relative rest rather than prolonged complete isolation. During the first 24–48 hours, daily living activities and light, symptom-limited movement may be appropriate when allowed by the provider, while activities that substantially worsen symptoms should be reduced.

School and learning are part of recovery. Parents should communicate with the athlete's school when symptoms affect reading, concentration, memory, screen use, attendance, testing, or classroom participation. Temporary supports may include breaks, reduced workload, extra time, lower screen exposure, or shortened school days as directed by the medical and school team.

RETURN-TO-LEARN BEFORE UNRESTRICTED SPORT

Return-to-learn and return-to-sport may progress in parallel, but the athlete must complete a full return to regular school/daily activities before unrestricted sports participation.

Under this Club policy, the athlete must be back to regular school or normal daily activities without concussion signs or symptoms for at least 24 hours and have written medical clearance before beginning Step 2 of the sports progression.

7. Medical Clearance Requirements

- Written clearance is required from a licensed health-care provider trained in the evaluation and management of concussions and permitted by applicable law to provide the clearance.
- The clearance must identify the athlete and state whether the athlete may begin a graduated return-to-sport progression, including any restrictions or special instructions.
- A verbal statement, text message from a parent, note from a coach, or athlete self-report is not sufficient.
- The Club may request clarification or additional medical documentation when restrictions are unclear or symptoms recur.
- The Club may require a final provider release before competition when directed by the provider, governing rules, or the Club Safety Coordinator.

NO CLEARANCE, NO PARTICIPATION

The head coach must receive and preserve the written clearance before the athlete begins the sports progression. A copy must also be sent to the Club Safety Coordinator or board designee.

8. Graduated Return-to-Sport Progression

Each step takes a minimum of 24 hours. The athlete advances only when no concussion signs or symptoms occur during the activity or afterward. The athlete should follow the provider's instructions when they are more conservative than this schedule.

Step	Level	Permitted Activity	Minimum Standard
1	**Back to regular activities**	Regular school or normal daily activities are tolerated. Athlete is symptom-free for at least 24 hours and has written medical clearance to begin the progression.	Complete before Step 2
2	**Light aerobic activity**	5–10 minutes of walking, easy stationary cycling, or light jogging. No resistance or weight training.	At least 24 hours
3	**Moderate/basic exercise**	Moderate jogging or running and general conditioning. No contact, collision risk, live batting, heading, or catching duties.	At least 24 hours
4	**Heavy non-contact and sport-specific**	Higher-intensity running, regular resistance training, and non-contact sport drills. Baseball/softball examples: controlled throwing, fielding, batting from tee or soft toss, and non-live defensive work. Soccer examples: dribbling, passing, shooting, and conditioning without contact or heading.	At least 24 hours
5	**Full practice / controlled contact**	Full team practice and normal training, including contact or collision exposure appropriate to the sport, only under adult supervision and consistent with provider restrictions.	At least 24 hours
6	**Competition**	Return to games, tournaments, scrimmages, and unrestricted participation.	After successful Step 5

IF SYMPTOMS RETURN

Stop the activity immediately. Notify the parent/guardian and the athlete's health-care provider. After at least 24 hours of rest and no symptoms, resume at the previous step that was completed without symptoms, unless the provider directs otherwise.

Any new hit to the head or body that raises concussion concern starts this protocol over from the beginning.

9. Roles and Responsibilities

Role	Required Actions
Board / Safety Coordinator	Maintain this policy; preserve incident and clearance records; provide annual education; review reported incidents; and update the protocol when guidance or law changes.

Role	Required Actions
Head & Assistant Coaches	Complete approved concussion training; stop participation when concussion is suspected; activate emergency care when necessary; notify the parent; document the incident; enforce restrictions; and supervise the return progression.
Parents / Guardians	Report prior concussions and current symptoms; obtain medical evaluation; provide written clearance; monitor symptoms; communicate with school and the Club; and prevent unauthorized sports activity.
Athletes	Report symptoms honestly; report concerning signs in teammates; follow medical instructions; and never hide symptoms to remain in a game or return sooner.
Officials / Event Staff	A removal by an official or event medical professional will be honored. Tournament or league requirements may add restrictions but cannot reduce this Club protocol.

10. Training and Prevention

- Every head coach and assistant coach must complete the free NFHS “Concussion in Sports” course or CDC HEADS UP youth sports coach training before coaching. Training must be renewed at least every two years, or more frequently if required by the Club or governing rules.
- Coaches will review this protocol before each season and know the venue’s emergency action plan, address, entry point, and emergency equipment location.
- Parents and athletes will receive concussion education and acknowledge the duty to report signs and symptoms before participation each season.
- All protective equipment must be properly fitted, used as intended, and removed from service when damaged. No helmet or protective device can prevent every concussion.
- Coaches will teach safe technique, enforce sport rules, and prohibit reckless conduct, retaliation, or pressure to “play through” symptoms.

11. Documentation and Confidentiality

- The Concussion Incident Report must be completed for every suspected concussion, whether or not a concussion is later diagnosed.
- Written medical clearance and the Return-to-Sport Tracker must be retained with Club safety records and shared only with people who need the information to protect the athlete and administer the program.
- The head coach must ensure that assistant coaches and substitute coaches know the athlete’s current restrictions.
- An athlete may not participate for another Club team, age group, sport, camp, or private Club workout while restricted under this policy.

12. References and Review

- National Federation of State High School Associations Sports Medicine Advisory Committee, Suggested Guidelines for Management of Concussion in Sports (October 2023).
- Centers for Disease Control and Prevention, HEADS UP: Responding to a Sports-related Concussion and Returning to Sports (updated September 15, 2025).
- Iowa Code section 280.13C (2026) and the Iowa High School Athletic Association concussion management / return-to-play protocol.

The Club Board will review this protocol at least annually and whenever NFHS, CDC, Iowa law, or a governing sports organization issues a material change.

APPENDIX A — CONCUSSION INCIDENT REPORT

Complete before the end of the day for every suspected concussion. This form records observations; it is not a diagnosis.

Athlete Name _____	**Date of Birth** _____
Team / Age Group / Sport _____	**Coach** _____
Date and Time of Incident _____	**Location / Field / Facility** _____
Practice, Game, Tournament, Camp, or Other _____	**Opponent / Event (if applicable)** _____
Describe the hit, fall, collision, or mechanism of injury _____ _____	**Who observed the incident?** _____ _____
Signs Observed (check all that apply)	**Symptoms Reported (check all that apply)**
☐ Dazed/stunned ☐ Confused ☐ Clumsy/balance issue ☐ Slow answers ☐ Memory gap ☐ Behavior/mood change ☐ Loss of consciousness ☐ Other: _____	☐ Headache/pressure ☐ Dizziness ☐ Nausea/vomiting ☐ Vision problem ☐ Light/noise sensitivity ☐ Foggy/sluggish ☐ Concentration/memory issue ☐ Other: _____
Was 911 called? ☐ Yes ☐ No _____	**Was the athlete transported? ☐ Yes ☐ No** _____
Parent/Guardian Notified — Name and Time _____	**Athlete Released To — Name and Time** _____
Medical / Athletic Trainer On Site — Name _____ _____	**Immediate Care or Instructions Provided** _____ _____
Coach / Reporter Name and Signature _____	**Date and Time Report Completed** _____

APPENDIX B — MEDICAL CLEARANCE & RETURN-TO-SPORT TRACKER

FOR THE HEALTH-CARE PROVIDER

The Davenport Wildcats Youth Athletic Club requires written clearance from a licensed health-care provider trained in concussion evaluation and management before an athlete begins the graduated sports progression. Each step requires at least 24 hours and must stop if symptoms return.

Athlete Name _____	**Date of Birth** _____
Date of Injury / Suspected Injury _____	**Date of Evaluation** _____
Provider Determination _____ _____	**Restrictions / Special Instructions** _____ _____
☐ **NOT CLEARED for sports participation at this time.**	
☐ **CLEARED TO BEGIN the graduated return-to-sport progression on:** _____	
☐ **CLEARED FOR UNRESTRICTED SPORTS PARTICIPATION on:** _____ **(if applicable after successful progression).**	
Provider Name / Credentials _____	**License Type / State** _____
Signature / Date _____	**Phone / Fax / Secure Contact** _____

RETURN-TO-SPORT TRACKER — minimum 24 hours per step

Step	Activity	Date	Symptoms During/After?	Supervisor Initials	Notes
1	Regular activities / clearance		☐ No ☐ Yes		
2	Light aerobic		☐ No ☐ Yes		
3	Moderate/basic		☐ No ☐ Yes		
4	Heavy non-contact / sport-specific		☐ No ☐ Yes		
5	Full practice / contact		☐ No ☐ Yes		
6	Competition		☐ No ☐ Yes		

STOP RULE

If symptoms appear at any step, stop immediately, notify the parent/guardian and provider, wait at least 24 hours without symptoms, and return to the previous symptom-free step unless the provider directs otherwise.

APPENDIX C — ANNUAL PARENT & ATHLETE ACKNOWLEDGMENT

By signing below, the athlete and parent/guardian acknowledge that they received and reviewed the Davenport Wildcats Youth Athletic Club Concussion Protocol and understand the following:

☐ A concussion is a brain injury and may occur without loss of consciousness.

☐ The athlete must immediately report symptoms and concerning signs in a teammate.

☐ A suspected concussion requires immediate removal and no same-day return.

☐ The athlete may not participate in any Club activity until the requirements of the protocol are met.

☐ Written medical clearance and a stepwise return-to-sport progression are required.

☐ No roster spot, tournament, score, or team need is more important than the athlete's health.

Athlete Name _____	**Team / Age Group / Sport** _____
Athlete Signature _____	**Date** _____
Parent/Guardian Name _____	**Relationship** _____
Parent/Guardian Signature _____	**Date** _____
Best Phone Number _____	**Email Address** _____

WHEN IN DOUBT, SIT THEM OUT.

Davenport Wildcats Youth Athletic Club • Athlete safety comes first