**South Carolina General Assembly**

126th Session, 2025-2026

**H. 4298**

**STATUS INFORMATION**

General Bill

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Currently residing in the House Committee on **Education and Public Works**

Summary: Concussion protocols in schools

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 4/3/2025 House Introduced and read first time (House Journal‑page 19)

 4/3/2025 House Referred to Committee on **Education and Public Works** (House Journal‑page 19)

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**VERSIONS OF THIS BILL**

[04/03/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/4298_20250403.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY AMENDING SECTION 59‑63‑75, RELATING TO CONCUSSION PROTOCOL FOR STUDENT ATHLETES, SO AS TO REVISE PROTOCOLS BY REQUIRING CERTAIN CONCUSSION RECOGNITION AND MANAGEMENT TRAINING, BY INCLUDING RETURN TO LEARN PROTOCOL REQUIREMENTS, BY IMPOSING REQUIREMENTS ON STUDENT ATHLETES, AND BY IMPOSING RECORD‑KEEPING REQUIREMENTS ON SCHOOLS, AMONG OTHER THINGS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 59‑63‑75 of the S.C. Code is amended to read:

 Section 59‑63‑75. (A) The South Carolina Department of Health and Environmental Control Public Health, in consultation with the State Department of Education, shall post on its website nationally recognized guidelines and procedures regarding the identification and management of suspected concussions in student athletes. The Department of Health and Environmental ControlPublic Health also shall post on its website model policies that incorporate best practices guidelines for the identification, management, return to learn, and return to play decisions for concussions reflective of current scientific and medical literature developed by resources from or members of sports medicine community organizations including, but not limited to, the Brain Injury Association of South Carolina, the South Carolina Medical Association, the South Carolina Athletic Trainer’s Association, the National Federation of High Schools, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics, and the American Medical Society for Sports Medicine. Guidelines developed pursuant to this section apply to South Carolina High School League‑sanctioned eventsschools.

 (B) A local school district shall develop guidelines and procedures based on the model guidelines and procedures referenced in subsection (A).

 (C)(1) Each year prior to participation in athletics, each school district shall provide to all coaches, volunteers, student athletes, and their parents or legal guardian, an information sheet on concussions which informs of the nature and risk of concussion and brain injury, including the risks associated with continuing to play after a concussion or brain injury. The parent or legal guardian’s receipt of the information sheet must be documented in writing or by electronic means before the student athlete is permitted to participate in an athletic competition or practice.

 (2)(a) All coaches, athletic directors, athletic staff, parent volunteers, parents, and athletes without other training on concussion evaluation and management shall complete online training on proper concussion recognition and management in high school sports. The requirements of this subitem may be satisfied by:

 (i) successfully completing the HEADS UP online concussion recognition and management training offered by the Centers for Disease Control and Prevention (CDC) or other similar online training approved by the State Department of Education; and

 (ii) submission to the school district of a certificate indicating successful completion of this training.

 (b) Training required in subitem (a) must be provided at no charge.

 (c) A school district shall maintain records of persons who successfully completed the training required in subitem(a) for three years after submission.

 (d) Successful completion of the concussion recognition and management training required in this item expires three years after the date of completion but may be renewed upon successful completion of the training and submission to the school district of a certificate indicating successful completion of this training.

 (D)(1) If a coach, athletic trainer, official, or physician suspects that a student athlete, under the control of the coach, athletic trainer, official, or physician, has sustained a concussion or brain injury in a practice or in an athletic competition, the student athlete shall be removed from practice or competition at that time.

 (2) A student athlete who has been removed from play may return to play if, as a result of evaluating the student athlete on site, the athletic trainer, physician, physician assistant pursuant to scope of practice guidelines, or nurse practitioner pursuant to a written protocol and trained in the recognition and management of concussions as required in subsection (C)(2) determines in his best professional judgment that the student athlete does not have any signs or symptoms of a concussion or other brain injury.

 (3) A student athlete who has been removed from play and evaluated and who is suspected of having a concussion or brain injury may not return to play until the student athlete has received written medical clearance by a physician for at least twenty‑four hours. The student athlete may return to a full class schedule without academic adjustments or accommodations made due to the mild traumatic brain injury if he has received written medical clearance by a physician who has training in the recognition and management of concussions.

 (4) In addition to posting information regarding the recognition and management of concussions in student athletes, the Department of Health and Environmental Control Public Health, in consultation with health care provider organizations, shall post on its website continuing education opportunities in concussion evaluation and management available to providers making such medical determinations. Such information must be posted by the department upon receipt from a participating health care organization.

 (5) The athletic trainer, physician, physician assistant, or nurse practitioner who has training in the recognition and management of concussions who evaluates the student athlete during practice or an athletic competition and authorizes the student athlete to return to play is not liable for civil damages resulting from an act or omission in rendering this decision, other than acts or omissions constituting gross negligence or wilful, wanton misconduct. This immunity applies to an athletic trainer, physician, physician assistant, or nurse practitioner serving as a volunteer.

 (6) All student athletes diagnosed with a concussion shall follow the return to learn guidelines/procedures that have been instituted by the school including an excuse for no physical education or activities that put a student‑athlete at risk for reinjury.

 (7) The return of a student athlete to competition or practice must be in accordance with the graduated “return to play progression” recommended by the CDC and any subsequent changes or other updates to those recommendations as developed by the CDC, or by another similarly graduated return to play progression that the State Department of Education adopts.

 (8) Each school shall maintain complete and accurate records of its compliance with these return requirements for a period of five years.

 (E) For purposes of this section:

 (1) “Physician” is defined in the same manner as provided in Section 40‑47‑20.

 (2) “Student athlete” includes cheerleaders.

SECTION 2. This act takes effect upon approval by the Governor.

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