



2017-18 Concussion Information Form

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious.

A concussion cannot be seen and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up immediately after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches, neck pain, amnesia, nausea or vomiting • "Pressure in the head" • Balance problems or dizziness • Blurred, double, or fuzzy vision, sensitivity to light or noise • Drowsiness, feeling sluggish or slowed down; foggy or groggy 	<ul style="list-style-type: none"> • Irritability, confusion, or emotional confusion • "Don't feel right" • Fatigue or low energy, sadness, nervous, or anxiety • Concentration or memory problems • Repeating the same question/comment

Signs observed by teammates, parents and coaches may include:	
<ul style="list-style-type: none"> • Appears dazed, answers questions slowly • Vacant facial expression • Confused about assignment or forgets activity information • Moves clumsily or displays lack of coordination • Is unsure of meet/game, score or opponent 	<ul style="list-style-type: none"> • Slurred speech • Shows behavior or personality changes • Cannot recall events prior to hit or events after hit • Seizures, convulsions, or loss of consciousness • Any change in typical behavior or personality

Athletes with the signs and symptoms of concussion should be removed from practice or competition immediately. Continuing activity with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences.

Adolescent or teenage athletes will generally under report symptoms of injuries; and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for an athlete's safety. Any athlete even suspected of suffering a concussion should be removed from the practice or competition immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a licensed health care professional. Close observation of the athlete should continue for several hours.

Parents should inform coaches should they suspect that their child has had a concussion. Remember, it is better to miss one practice or competition than to miss the whole season. "When in doubt, the athlete sits out!" For current and up-to-date information on concussions go to: <http://www.cdc.gov/ConcussionInYouthSports/>

By signing below, I indicate that I HAVE READ, UNDERSTAND AND COMMIT to following the guidelines in this form. I agree that I will, as the parent/legal guardian of this athlete, insist that they be removed from practice or competition if they are suspected to have sustained a concussion or head injury. I will not allow them to return to play until they receive written medical clearance from a licensed health care professional trained in the evaluation and management of concussions.

Parent's or Guardian's Name (PRINT) _____

Parent's or Guardian's Signature _____ Date: _____