

# Parent & Athlete Concussion Information Sheet

Reformatted from the Center for Disease Control's Heads Up Concussion in Youth Sports Program

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

| Signs Observed by Coaching Staff  | Symptoms Reported by Athletes   |
|---|---|
| <ul style="list-style-type: none"><li>• Appears dazed or stunned</li><li>• Is confused about assignment or position</li><li>• Forgets an instruction</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily</li><li>• Answers questions slowly</li><li>• Loses consciousness (even briefly)</li><li>• Shows mood, behavior, or personality changes</li><li>• Can't recall events prior to hit or fall</li><li>• Can't recall events after hit or fall</li></ul> | <ul style="list-style-type: none"><li>• Headaches or "pressure" in the head</li><li>• Nausea or vomiting</li><li>• Balance problems or dizziness</li><li>• Double or blurry vision</li><li>• Sensitivity to noise</li><li>• Feeling sluggish, hazy, foggy or groggy</li><li>• Concentration or memory problems</li><li>• Confusion</li><li>• Just not "feeling right" or "feeling down"</li></ul> |

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>• One pupil larger than the other</li><li>• Is drowsy or cannot be awakened</li><li>• A headache that not only does not diminish, but gets worse</li><li>• Weakness, numbness, or decreased coordination</li><li>• Repeated vomiting or nausea</li><li>• Slurred speech</li></ul> | <ul style="list-style-type: none"><li>• Convulsions or seizures</li><li>• Cannot recognize people or places</li><li>• Becomes increasingly confused, restless, or agitated</li><li>• Has unusual behavior</li><li>• Loses consciousness (even a brief loss of consciousness should be taken seriously)</li></ul> |
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## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

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I have reviewed the Concussion Information Sheet and I agree that if it appears that my child may have sustained a concussion or head injury that I/he/she is to be removed from any program activity until such time that a trained medical professional can examine me/um/her and approve my/their return to practice/competition, pursuant to Wisconsin Act 172 relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for me/my athlete to return to swim/tive practice/competition.

**I have read and fully understand this statement regarding concussions.**

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATHLETE SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_

1. \_\_\_\_\_ DATE: \_\_\_\_\_

2. \_\_\_\_\_ DATE: \_\_\_\_\_

3. \_\_\_\_\_ DATE: \_\_\_\_\_

4. \_\_\_\_\_ DATE: \_\_\_\_\_