**What is a concussion?**

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

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**SIGNS AND SYMPTOMS OF A CONCUSSION**

<table>
<thead>
<tr>
<th>SIGNS DISPLAYED BY PHISICIAN OR CAREGIVERS</th>
<th>SYMPTOMS REPORTED BY YOUR CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
<td>Thinking/Remembering:</td>
</tr>
<tr>
<td>Is confused about events</td>
<td>• Difficulty thinking clearly</td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td>• Difficulty concentrating or</td>
</tr>
<tr>
<td>Repeats questions</td>
<td>remembering</td>
</tr>
<tr>
<td>Can’t recall events prior to the hit</td>
<td>• Feeling more slowed down</td>
</tr>
<tr>
<td>• Bump, or fall</td>
<td>• Feeling sluggish, hazy, foggy, or groggy</td>
</tr>
<tr>
<td>Can’t recall events after the hit</td>
<td>Physical:</td>
</tr>
<tr>
<td>• Bump, or fall</td>
<td>• Headache or “pressure” in head</td>
</tr>
<tr>
<td>Loses consciousness (even briefly)</td>
<td>• Nausea or vomiting</td>
</tr>
<tr>
<td>Shows behavior or personality changes</td>
<td>• Balance problems or dizziness</td>
</tr>
<tr>
<td>Forgets class schedule or assignments</td>
<td>• Fatigue or feeling tired</td>
</tr>
<tr>
<td></td>
<td>• Blurry or double vision</td>
</tr>
<tr>
<td></td>
<td>• Sensitivity to light or noise</td>
</tr>
<tr>
<td></td>
<td>• Numbness or tingling</td>
</tr>
<tr>
<td></td>
<td>• Does not “feel right”</td>
</tr>
</tbody>
</table>

**Emotional:**
- Irritable
- Sad
- More emotional than usual
- Nervous

**Sleep:**
- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.*

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Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention
What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.

2. **Help them take time to get better.** If your child or teen has a concussion, he or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or probing concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions go to:

www.cdc.gov/Concussion;  www.wiaawi.org;  www.nfhs.org
What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a teammate may have a concussion, it is important to tell someone.

### COMMON SYMPTOMS OF A CONCUSSION:

- **Thinking/Remembering:**
  - Difficulty thinking clearly
  - Difficulty concentrating or remembering
  - Feeling more slowed down
  - Feeling sluggish, hazy, foggy, or groggy

- **Physical:**
  - Headache or "pressure" in head
  - Nausea or vomiting
  - Balance problems or dizziness
  - Fatigue or feeling tired
  - Blurry or double vision
  - Sensitivity to light or noise
  - Numbness or tingling
  - Does not "feel right"

- **Emotional:**
  - Irritable
  - Sad
  - More emotional than usual
  - Nervous

Changes in your normal sleep patterns.
What should you do if you think you have a concussion?

1. **Tell your coaches and parents right away.** Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.

2. **Get evaluated by a health care provider.** A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.

3. **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion or head injury.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate.

Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.hfhs.org
PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed for every sports season and every youth athletic organization the athlete is involved with.

Parent Agreement:

I ___________________________ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature __________________________ Date ______________

Athlete Agreement:

I __________________________ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature __________________________ Date ______________
Questions and Contact Information

Name______________________________________Date________________

Address_____________________________________

City___________________________________Zip________County_________

Phone____________________________Email________________________

Age_____ School _________________School District________________

Check all that apply
I participate in:

O Football   O Baseball/Softball   O Basketball   O Hockey
O Soccer     O Golf              O Volleyball    O Wrestling
O Track & Field O Cross Country  O Cheerleading  O Skiing/Snowboarding
O Gymnastics O Tennis           O Swimming & Diving
O Other________________________________________

Name of Current Team___________________________________________

1. Have you ever had a concussion?__________, if yes, how many?__________

2. Have you ever experienced concussion symptoms?_____ Did you report them?_____ 

Emergency Contacts:

Name: ____________________________ Relationship: ________________________

Phone Number: _______________________

Name: ____________________________ Relationship: ________________________

Phone Number: _______________________

Please complete this form and return to the person operating the youth athletic activity.