



# Parent/Athlete Concussion Information Sheet

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.

**Did You Know?**

Most concussions occur without loss of consciousness.

Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.

Young children and teens are more likely to get a concussion and take longer to recover than adults.

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>Headache or "pressure" in head</li> <li>Nausea or vomiting</li> <li>Balance problems or dizziness</li> <li>Double or blurry vision</li> <li>Sensitivity to light</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 the jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## 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.

*It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).*

### Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## 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.

\_\_\_\_\_  
Student- Athlete Name Printed

\_\_\_\_\_  
Student- Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



## Acknowledgement of Concussion Policy and Concussion Information Sheet

Dear Parent or Guardian:

By signing below, you affirm that you have read and understand the Concussion Information Sheet given to you by Bamberg School District Two. You also understand that by participating in athletics at any school within Bamberg School District Two, your son/daughter is at risk for sustaining a concussion and that a concussion can lead to life-altering or life-threatening circumstances.

You understand that it is the policy of Bamberg School District Two to remove any athlete with suspected concussion symptoms from practice or competition to be evaluated by a medical professional trained in concussion evaluation. The athlete will not be allowed to return to play until he/she has written clearance from a physician and is able to pass physical and cognitive testing.

You also understand that concussions affect people differently and recovery time is unpredictable. Any athlete who sustains a concussion will not be allowed to participate until they have fully recovered from the concussion and have no physical or cognitive symptoms.

Please keep the attached Concussion Information Sheet as a reference and only sign and submit this form to the Head Coach. If you have additional questions, please call Jarvis Littlejohn at 803-793-3307.

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Student- Athlete Name Printed

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Student- Athlete Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date



## **Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics**

Name (please print) \_\_\_\_\_

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

_____	_____	_____
Student- Athlete Name Printed	Student- Athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date