



Concussion Management and Acknowledgement

Concussions are a common result of contact sports, fortunately, most athletes do recover fully when properly diagnosed and treated. However, if left undiagnosed or mistreated, concussions can lead to very serious consequences, including brain injury or even death. It is important for athletes to report their injury and symptoms to a qualified healthcare professional for evaluation and treatment. Please keep in mind that every athlete responds differently to concussions.

Signs and Symptoms of a Concussion

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Athletes do not have to have a loss of consciousness to have a concussion!

If any of the following signs or symptoms occur, call 911 or go to the nearest Emergency Room. Some of these may not appear for 24-48 hours after the injury.

- Decrease in level of consciousness
- Decrease or irregularity in respirations
- Decrease or irregularity in pulse
- Unequal, dilated, or unreactive pupils
- Slurred speech
- Repeated Vomiting
- Changes in personality, irritability, or loss of memory
- Weakness in facial, arm, or leg muscles or loss of equilibrium (balance) and difficulty walking
- Seizures
- Nausea

Things to Do:

- Use ice packs for head/neck
- Get plenty of rest
- Eat a balanced diet
- Let teachers/employers know of concussion

Do Not:

- Take ibuprofen
- Drink Alcohol
- Play video games or use a computer for an extended period of time
- Perform strenuous physical or mental tasks
- Wake up every hour

By signing this form, as the parent or guardian the student-athlete, I acknowledge receiving a copy of the Concussion Management and Acknowledgement form. I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I, the athlete, understand I have a responsibility to report any signs or symptoms of a concussion to my Athletic Trainer or other healthcare professional trained in the diagnosis and treatment of concussions.

Parent/Guardian Signature: _____

Date: _____

Athlete Signature: _____

Certified Athletic Trainer Signature: _____