



HAMILTON COUNTY DEPARTMENT OF EDUCATION

CONCUSSION

Information and Signature Form
For Student-Athletes & Parents/Legal Guardians
(Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.
Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a 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 our bell rung" or what seems to be a mild bump or blow to the head can be serious.

Did You Know?
• Most concussions occur without a 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.

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 providers* says s/he is symptom-free and it's OK to return to play.

Table with 2 columns: SIGNS OBSERVED BY COACHING STAFF and SYMPTOMS REPORTED BY ATHLETES. Rows include signs like 'Appears dazed stunned' and symptoms like 'Headache or pressure in head'.

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.



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Signs/Symptoms of Concussion

Signs (observed by coach)	Symptoms (reported by athletes)
<ul style="list-style-type: none">• Appears dazed or sunned• Is confused about assignment or position• Forgets an instruction• Is unsure of game, score or opponent• Moves clumsily• Answers question slowly• Loses consciousness, even briefly• Can't recall events <i>prior</i> to hit or fall• Can't recall events <i>after</i> hit or fall	<ul style="list-style-type: none">• Headache• Fogginess• Difficulty concentrating• Easily confused• Slowed thought processes• Difficulty with memory• Nausea• Lack energy, tiredness• Dizziness, poor balance• Blurred vision• Sensitive to light and sounds• Mood changes—irritable, anxious or tearful

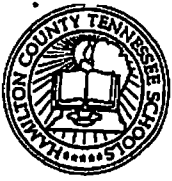
Suggested Concussion Management:

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

1. No athlete should return to play or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically evaluated and cleared by an appropriate health-care provider—licensed medical doctor, osteopathic physician or clinical neuropsychologist with concussion training- prior to resuming participation in any practice or competition.
4. A concussion Return To Play form must be provided by the returning player to the school/community-based youth athletic organization. This document should outline a step-wise protocol for return to practice or competition and should include provisions for delayed RTP based upon return or any signs or symptoms.

For more information, the NFHS has also developed a free 20-minute course online entitled “Concussion in Sport—What You Need to Know” that is encouraged for every individual involved in youth/student athletics.

It can be accessed at www.nfhslearn.com



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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 after a bump, blow or jolt to the head or body if 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 HIS OR HER 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 brains. *They can even be fatal.*

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 provider* 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.

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.



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Student-Athlete & Parent/Legal Guardian Concussion Statement

Must be signed and returned to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name (s): _____

After reading the information sheet, I am aware of the following information:

Students-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available	
	A concussion cannot be "seen". Some symptoms might be present right away. Other symptoms can show up hours or days after an injury	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take day's weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger sings such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion information Sheet.	

**Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date