

Concussion Information Sheet

What happens if you think your child has suffered a concussion?

Any athlete even suspected of suffering a concussion should be removed from play immediately. No athlete may return to activity after an apparent head injury or concussion, regardless how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. Our organization requires the consistent and uniform implementation of well established return to play guidelines:

- A young athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time.
- The athlete not return to play until they are evaluated by an authorized health care provider trained in the evaluation and management of concussions and received written clearance to return to play from that health care provider.
- Parents and coaches should inform each other of if they think the athlete may have a concussion. Remember it is better to miss one game than to miss the whole season. When in doubt, sit them out.

What are the criteria for gradual return to play?

No symptoms at rest/no medication used to manage symptoms.

No return of symptoms with typical physical and cognitive activities of daily living.

Neurocognitive functioning at typical baseline.

Normal balance and coordination.

No other medical/neurological complaints/findings.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/Concussion>

ACKNOWLEDGEMENT FORM

Please detach this Acknowledgement Form and return it to _____.

Please retain the documents that have been provided for your future reference.

I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.

Athlete Name

Athlete Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date