

Parent/Youth Athlete Concussion Information



A concussion is a type of traumatic brain injury, caused by a bump, blow or jolt to the head or blow to the body that causes the head and brain to move rapidly back and forth; changing the way the brain normally works. 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 & SYMPTOMS OF A CONCUSSION?

Signs and symptoms of a concussion can show up right after the injury or may not appear to 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, an athlete should be removed from play the day of the injury and until an appropriate health care professional, experienced in evaluating for concussion, releases them to return to play. After an athlete is removed from practice or play for a suspected concussion, the decision about returning is a **medical decision**.

Did you know?

- Most concussions occur without a loss of consciousness.
- Young children & teens are more likely to get a concussion and take longer to recover than adults.
- Athletes who have had a concussion are at greater risk for another concussion.
- All concussions are serious.
- Recognition & proper response to a concussion when it first occurs can help prevent further injury or even death.



“It’s better to miss one game than the whole season.”

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

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.

For **more information** on concussions, visit:

www.michigan.gov

www.cdc.gov/concussion

CONCUSSION DANGER SIGNS:

- **One pupil is larger than the other**
- **Is drowsy or cannot be awakened**
- **Has a headache that worsens**
- **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**
- **Shows 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, their 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 in youth athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect an athlete has a concussion, remove (s)he from play & 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 until a health care professional, experienced in evaluating for concussion, releases the athlete to return to play. Rest is the key to helping an athlete recover from a concussion. Exercising or activities involving a lot of concentration, such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports & school is a gradual process that should be carefully managed & monitored by a health care professional.

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012, I have received and reviewed the Parent/Youth Athlete Concussion Information provided by Independence Township. (If previously completed for this athlete, do not need to complete another).

Youth Athlete Name Printed	Youth Athlete Date of Birth	Youth Athlete Signature	Date
Parent/Legal Guardian Name Printed		Parent/Legal Guardian Signature	Date
