

## **CONCUSSION INFORMATION SHEET *and* SIGN-OFF**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**SYMPTOMS may include one or more of the following:**

<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems</li> <li>• Repeating the same question/comment</li> </ul>
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**SIGNS observed by teammates, parents and coaches include:**

<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>• Loses consciousness</li> <li>• Any change in typical behavior or personality</li> <li>• Seizures or convulsions</li> <li>• Can’t recall events after OR prior hit</li> <li>• Shows behavior or personality changes</li> <li>• Slurred speech</li> </ul>
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**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest.

**CONCUSSION INFORMATION SHEET and SIGN-OFF**

*CONSENT / SIGN-OFF*

The Alleman Concussion Protocol, in conjunction with Rock Valley P.T., is available off a link on our website ([www.allemanhighschool.org](http://www.allemanhighschool.org)). This guideline helps the safety of athletes who have sustained a concussion or mild traumatic brain injury (MTBI) in a school sponsored extracurricular activity. This guideline is designed to return concussed athletes to competitive sports in a manner that will reduce the likelihood of Second Impact Syndrome. The guideline will assist the human brain to heal and repair itself before another possible injury can occur. No guideline can guarantee against future incidents, but this guideline will help increase the likelihood that the concussed brain is healed before they return to play, thus making Second Impact Syndrome much less likely.

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
Document created 7/1/2011 by IHSA; Illinois Public Act 097-0204; Reviewed 4/24/2013

March 4, 2010 - The National Federation of State High School Associations changed their position on concussion to the following:  
“Effective with the 2010 high school football season, any player who shows signs, symptoms or behaviors associated with a concussion must be removed from the game and shall not return to play until cleared by an appropriate health-care professional.”

For current and up-to-date information on Concussions you can go to:  
[www.ihsa.org](http://www.ihsa.org) – under Resources and Sports Medicine  
[www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html)

By signing this form, we acknowledge we have been provided information regarding Concussions.

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Student-Athlete Name PRINT

\_\_\_\_\_  
Student-Athlete SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Name PRINT

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date