

PARENT CONCUSSION ACKNOWLEDGEMENT AGREEMENT

As a Parent of a child athlete it is important to recognize the signs, symptoms, and behaviors of a concussion. A concussion is an injury to the brain that changes the way it normally works and is caused by a bump, blow or jolt to the head or body which causes the brain to rapidly move back and forth. If your child athlete reports or shows one or more of the below symptoms, seek medical attention immediately.

SIGNS AND SYMPTOMS OF A CONCUSSION		
SIGNS OBSERVED BY PARENTS OR GURADIANS	SYMPTOMS REPORTED BY YOUR CHILD	
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about events • Answers questions slowly • Repeats questions • Can't recall events prior to the hit, bump, or fall • Can't recall events after the hit, bump, or fall • Loses consciousness (even briefly) • Shows behavior or personality changes • Forgets class schedule or assignments 	<p>Thinking/Remembering:</p> <ul style="list-style-type: none"> • Difficulty thinking clearly • Difficulty concentrating or remembering • Feeling more slowed down • Feeling sluggish, hazy, foggy, or groggy <p>Physical:</p> <ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Sensitivity to light or noise • Numbness or tingling • Does not "feel right" 	<p>Emotional:</p> <ul style="list-style-type: none"> • Irritable • Sad • More emotional than usual • Nervous <p>Sleep*:</p> <ul style="list-style-type: none"> • Drowsy • Sleeps less than usual • Sleeps more than usual • Has trouble falling asleep <p style="font-size: small;">*Only ask about sleep symptoms if the injury occurred on a prior day.</p>

By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. It is the parent's responsibility to communicate to his/her child the importance of reporting a suspected concussion to coaches.

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Parent Concussion Acknowledgement Agreement:

I _____ have **read** the above Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child, _____ (child's name), cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I have communicated to my child the possible consequences of returning to practice/play too soon.

Parent/Guardian
Signature _____ Date _____

1. Has your child ever had a concussion? _____, if yes, how many? _____

2. Has your child experienced concussion symptoms? _____ Did you report them? _____

To learn more about concussions go to: www.cdc.gov/Concussion