

Concussion Information Sheet

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

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Repeating the same question/comment
- Amnesia
- “Don’t feel right”
- Change in sleep patterns
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)

Signs Observed by teammates, players, and coaches

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

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. **The Return-to- Play Policy of the IESA and IHSA** 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. In accordance with state law, all schools are required to follow this policy.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out. For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Edwardsville Community Unit School District 7

Dr. Lynda Andre, Superintendent

IMPORTANT: ALL REQUESTED INFORMATION MUST BE COMPLETED AND SUBMITTED TO THE SPONSOR OR ATHLETIC OFFICE PRIOR TO PARTICIPATION. PARTICIPANTS WILL NOT UNDER ANY CIRCUMSTANCES BE ALLOWED TO TAKE PART IN PRACTICES, COMPETITIONS, OR ACTIVITIES WITHOUT COMPLETION OF THIS FORM.

**2018-2019 ATHLETICS/EXTRACURRICULAR ACTIVITY
MEDICAL AUTHORIZATION & CODE OF CONDUCT FORM**

Student's Name _____

EMERGENCY PHONE NUMBERS:

Day: Father _____ Mother _____ Friend _____
Evening/Night: Home _____ Other _____

MEDICATION INFORMATION:

1. Is student taking medication on a regular basis? Yes ☐ No ☐

Name of medication _____

Dosage _____

Reason for medication _____

2. Is your child allergic to any medications? Yes ☐ No ☐

If yes, which? _____

3. When was your child's last tetanus shot? Date _____

4. Are there any medical or physical problems of which we need be aware? _____

5. If given a preference, what hospital would you like your child taken for treatment in the event of a medical emergency?

In case of emergency and a parent cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my son/daughter _____.
(Child's Name)

Insurance Company _____

Name of Insured _____

Policy Number _____ Group Number _____

Name of Child's Physician _____ Phone Number _____

I understand that as the parent/guardian of the above-named student, I am responsible for medical expenses incurred. I certify that the above information is accurate and complete and is required for my child to participate in the sport/activity.

I understand and agree to conduct myself in accordance with the conditions of the District 7 Code of Conduct from the student handbook. I also have read and agree to all of the team rules.

I approve of my son's/daughter's participation in the District 7 athletics/activities program, and I also approve of the conditions of the District 7 Code of Conduct and the IHSA Eligibility Rules.

Date: _____ Parent's Signature _____ Athlete's Signature _____

PARENT EMAIL ADDRESS _____ (please print)