

# SPORTS CONCUSSION INFORMATION



**Athlete Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Describe how injury occurred: \_\_\_\_\_  
 \_\_\_\_\_

Witnesses: \_\_\_\_\_

Immediate Actions Taken: \_\_\_\_\_

**Parent/Guardian/Caregiver Notified**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Method of Contact:  In Person  Phone Call Date/Time of Notification: \_\_\_\_\_

**Reporting Party/Medical Provider**

Name: \_\_\_\_\_



The athlete above has sustained a head injury. As their caregiver, it is important to monitor the athlete's symptoms over the next ~24 hours to watch for worsening changes. "Red Flag" symptoms are rare, but if the athlete develops any of the following, please seek immediate medical attention by calling 911 and the reporting party/medical provider listed above.

**Red Flags Include**

• Severe or worsening headache	• Weakness or numbness in the arms and/or legs
• Repeated vomiting	• Difficulty talking (i.e. slurred speech)
• Worsening memory loss	• Neck pain
• Change in vision (i.e. double vision or difficulty seeing)	• Seizure
• Difficulty staying awake or conscious	

*\* Please call 911 for any other concerning symptoms not listed above*

**In most cases, the athlete will need to**

- REST
  - Minimize mental activity by avoiding screen time (phones, tablets, TV, video games, school work)
  - No physical activity until evaluated and cleared by a medical professional
  - Avoid social gatherings, loud noises & bright lights
  - There is no need to wake the athlete to check on them (unless specifically instructed by a medical provider)
- LIMIT MEDICATIONS
  - Avoid NSAIDs (i.e. Ibuprofen, Advil, Aspirin or any other anti-inflammatory medications)
  - Avoid taking any medications to help the athlete sleep
  - If you take prescription medications, discuss with your doctor if these should be continued while you recover
- EAT A HEALTHY, WELL-BALANCED DIET & STAY HYDRATED

**It is important the athlete does NOT**

- Drive a car
- Drink alcohol
- Take part in physical or mental activity
- Take medication for specific concussion symptoms (unless specifically instructed by a medical provider)

If no red flags are present, a request for a medical consultation with a qualified physician should be made within the next 24 hours. The physician's office will determine how soon they wish to see the athlete in the office for assessment.

By signing below, I agree I have reviewed this document & understand my responsibilities as a caregiver.

Signature of Parent/Guardian/Caregiver: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Reporting Party/Medical Provider: \_\_\_\_\_ Date \_\_\_\_\_