

HEADS UP!

Concussion Fact Sheet for Parents and Athletes

Know Your Concussion ABCs

Assess the situation

Be alert for signs and symptoms

Contact a healthcare professional

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child has a concussion, his or her brain needs time to heal. Your child or teen may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities – such as concentration and learning should be carefully managed and monitored by a healthcare professional.

Signs Observed by Parents or Guardians

- 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

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating on remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- 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"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has troubling falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.

New Wisconsin Law regarding concussion in youth sports

Recently Wisconsin Act 172 was implemented to address concussion and head injuries in youth sports. It provides requirements on proper management of concussions when they occur, as well as the requirement to educate athletes, parents, and coaches about the signs, symptoms, and dangers of concussion as they relate to youth sports. This information sheet has been provided for the purpose of educating you and your athlete(s) on concussion signs, symptoms, and proper management of concussion when they do occur.

Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion states they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Other physical activities

Statement of Acknowledgement

In order to comply with all aspects of Wisconsin Act 172, the following statement of acknowledgement must be signed and returned to the Prairie School Summer Programs with registration. Registration is not complete until this form has been received by the Prairie School Summer Programs. A separate form must be completed for each athlete.

Parent Statement

I _____ have read the Concussion Fact Sheet for Parents and Athletes Information and further acknowledge, agree, and understand the signs and symptoms of concussion 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 acknowledge, agree, and understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I acknowledge, agree, and understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I acknowledge, agree, and understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Statement

I _____ have read the Concussion Fact Sheet for Parents and Athletes Information and acknowledge, agree, and understand the signs and symptoms of concussion and how it may be caused.

I acknowledge, agree, and understand the importance of reporting a suspected concussion to my coaches, athletic trainer and my parents/guardian.

I acknowledge, agree, and understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I acknowledge, agree, and understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____