## **Student Athlete Concussion Responsibility Statement**

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. 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. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear.

## 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
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- · Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

## Signs observed by teammates, parents and coaches include:

- 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

## If you notice any symptoms of concussion:

- Tell your athletic trainer and/or coach
- Do not return to participation in a game, practice, or other activity until you have been cleared to return to activity by a medical professional
- If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion which may result in a severe brain injury and can change your life.

I have received and reviewed the concussion fact sheet; I accept the responsibility for reporting my injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.

Printed Name	Sport
Signature	Date:
Co-Signature of Parent (s) or G	uardian if student is under 18 years of age:
Signature	Date: