CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury
Is caused by a bump or blow to the head
Can change the way your brain normally works
Can occur during practice or games in any sport
Can happen even if you have not been knocked out
Can be serious even if you have just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
Give yourself time to get better. 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 second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?
Follow your coach’s rules for safety and the rules of the sport.
Practice good sportsmanship.
Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards) - IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.

FOR MORE INFORMATION VISIT:
www.cdc.gov/TraumaticBraininjury/
www.oata.net
www.ossaa.com
www.nfhslearn.com

IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!
WHAT IS A CONCUSSION?
A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious. You can’t see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?
- Headache or “pressure” in the head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

WHAT ARE THE SYMPTOMS OBSERVED BY PARENTS/GUARDIANS?
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers question slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?
Ensure they follow their coach’s rules for safety and the rules of the sport.
Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards- IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity: it must be worn correctly and used every time you play.)
Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:
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CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT AND INFORMATION SHEET

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet provided to you by ___________ School District related to potential concussions and head injuries occurring during participation in athletics.

I, ______________________, as a student-athlete who participates in __________________________ School District’s athletic programs and I, ______________________ as the parent/legal guardian, have read the information material provided to us by _______________ School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

________________________________________
SIGNATURE OF STUDENT-ATHLETE

DATE

________________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete’s first practice and/or competition and be kept on file for one year beyond the date of signature in the principal’s office or the office designated by the principal.