

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	• Neck Pain
• Weakness or numbness in the arms and/or legs	• Loss of vision or double vision
• Repeated vomiting	• Increased agitation or combative
• Difficulty talking (i.e. slurred speech)	• Seizure or convulsions
• Worsening memory loss	• Loss of consciousness
• Increased confusion, less responsive	• Visible deformity of skull

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

In most cases, the athlete will need to:

- **Rest**
 - Limit initial mental activity including screen time (phones, tablets, TV, video games, school work)
 - No physical activity until evaluated by a medical professional
 - Limit social gatherings, loud noises and 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 and stay hydrated**

It is important the athlete Does NOT

- **Drive a car**
- **Drink alcohol or use recreational drugs**
- **Return to physical activity prior to medical assessment**
- **Take part in activity at risk for further head trauma**
- **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.



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: _____