

# Colonial Heights High School

## Concussion Fact Sheet/Risk Form

### Part 1: ATHLETIC CONCUSSIONS- A FACT SHEET FOR ATHLETES AND PARENTS

#### WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or badly that causes the brain to move rapidly inside the skull. Even a “ding”, “getting your bell rung”, or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

#### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

##### Observed by the Athlete

Headache or “pressure” in head  
Nausea or vomiting  
Balance problems or dizziness  
Double or double vision  
Bothered by light  
Bothered by noise  
Feeling sluggish, hazy, foggy, or groggy  
Difficulty paying attention  
Memory problems  
Confusion  
Does not “feel right”

##### Observed by the Parent/Guardian

Is confused about assignment or position  
Forgets an instruction  
Is unsure of game, score, or opponent  
Moves clumsily  
Answers questions slowly  
Loses consciousness (even briefly)  
Shows behavior or personality changes  
Can’t recall events after hit or fall  
Appears dazed or stunned

#### WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

##### Athlete

TELL YOUR COACH IMMEDIATELY!  
Inform Parents  
Seek Medical Attention  
Give Yourself Time to Recover

##### Parent/Guardian

Seek Medical Attention  
Keep Your Child Out of Play  
Discuss Plan to Return with Coach/Trainer

**“It’s better to miss one game than the whole season.”**

***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. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from your doctor/health care professional AND the CHHS Athletic Trainer to return to play.***

**SIGNATURES:** By signing below, I acknowledge that I have received and reviewed the attached two page Colonial Heights High School Concussion Fact Sheet/Risk Form for Athletes and Parents. I also acknowledge and understand the risk of brain injuries associated with participation in a school athletic activity. I also agree to abide by the CHHS Concussion Protocols.

XXX \_\_\_\_\_  
Athlete’s Signature

\_\_\_\_\_  
Date

XXX \_\_\_\_\_  
Parent/Guardian’s Signature

**TURN OVER FOR PAGE 2→**

Name \_\_\_\_\_

Grade \_\_\_\_\_

**Part 2: RISK FORM- WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS**

ACTIVITY (Check all that are applicable)

- |  |                                       |                                     |                                 |
|--|---------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf   |
| <input type="checkbox"/> Football      | <input type="checkbox"/> Softball     | <input type="checkbox"/> Baseball   | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Field Hockey  | <input type="checkbox"/> Wrestling    | <input type="checkbox"/> Tennis     | <input type="checkbox"/> Track  |
| <input type="checkbox"/> Field Hockey  | <input type="checkbox"/> Swim         | <input type="checkbox"/> Band/Guard | Other _____                     |

STUDENT: I am aware playing or practicing to play/participate in any sport can be a dangerous activity in involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include, but are not limited to death, serious neck and spinal cord injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeleton system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risk of playing or practicing to play/participate in the above activity(s) may result not only serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above activity, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and agree to obey such instructions.

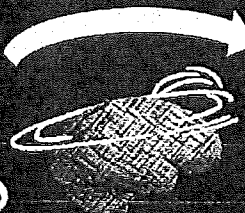
In consideration of Colonial Heights High School permitting me to try-out for the \_\_\_\_\_ team and engage in all activities related to them, I hereby assume all the risks associated with participation.

PARENT/GUARDIAN: I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_ (student). I have read the warning on **BOTH** pages and understand its terms. I understand that all activities can involve may RISKS OF INJURY, including, but not limited to, those risks outlined in this two page document.

## HEAD GAMES: CONCUSSIONS IN SPORTS

**Concussion:**

- Any blow or force to the head that causes mental status changes; disorientation, confusion, memory, loss or slowness in thinking.



**Symptoms:**

<p><b>Viewed by Others</b></p> <ul style="list-style-type: none"> <li>Memory loss (past or present)</li> <li>Difference in pupil size</li> <li>Confusion</li> <li>Disorientation</li> <li>Change in emotions (sadness, irritability)</li> </ul>	<p><b>Described by Athletes</b></p> <ul style="list-style-type: none"> <li>Headache</li> <li>Dizziness</li> <li>Nausea/vomiting</li> <li>Feeling in a "fog"</li> <li>Sensitivity to light and sound</li> <li>Fatigue</li> <li>Problems focusing and concentrating</li> <li>Difficulty sleeping</li> <li>The sky may change colors</li> </ul>
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**Return-to-Play (RTP)**

- Student must be without any cognitive or physical symptoms, at rest and exertion, PROVIDED BY ATHLETIC TRAINER
- REST!!! After 5 days of no symptoms, athlete MAY BE ABLE to return-to-play.
- External Protocol: Athlete must be without symptoms after each day to proceed to the next day.
- If the athlete is not without symptoms, then they will repeat that day, the next day.
- RTP must be done in consecutive days.

**Treatment**

- Call for an assessment
- REST!!! No school, no practice.
- Limit cognitive use. No video games, TV, computers, etc.
- Make academic accommodations.
- Monitor all physical symptoms and cognitive symptoms.

**Educate the Athletes**



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