

Concussion Information for Parents and Players

Concussion Signs Observed:

- Can't recall events prior to or after a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes

Concussion signs Reported

- Headache or "pressure" in head that does not diminish
- Nausea or vomiting.
- Balance problems or dizziness,
- Double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, concentration or memory problems.
- Just not "feeling right," or "feeling down."

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention (by way of ambulance if necessary) if after a bump, blow, or jolt to the head or body he or she exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Has unusual behavior or becomes increasingly confused, restless, or agitated
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

When a player receives a blow to the head and presents with one or more signs / symptoms:

1. The manager or coach must remove the player from play for the rest of the day and shall not return to active play until evaluated by a licensed health care provider. Do not try to judge the severity of the injury yourself
 2. The team manager or coach must notify the player's parents: (a) when the injury occurred, (b) symptoms observed and (c) any treatment provided on site
 3. The team manager must complete and accident / injury report and email the league Safety Officer within 24 hours (safetydyb@gmail.com)
 4. The player may not return to play until a written clearance is obtained by a licensed health care professional. *There will be no exceptions.*
- *My child has had _____ previously diagnosed / documented concussions and I understand the increased risk of TBI with each additional occurrence*

We ask that parents discuss the risks of concussions and other serious brain injuries with your child and have each person sign below. If you have any questions regarding the policy, please contact the league President or league Safety Officer.

- I have learned about concussions and talked with my parent or coach about what to do if I have a concussion

Player Printed Name: _____ Date: _____

Player Signature: _____

- I have reviewed the information sheet with my child and understand the measures being taken to protect the health and safety of my child.

Parent / Legal Guardian Printed Name: _____ Date: _____

Parent / Legal Guardian Signature: _____