

The American School in London

Treatment for Concussion and Parental Consent Form

I believe that _____ sustained a concussion while participating in _____ on _____.

A concussion is an injury to the brain that can be caused by a blow or jolt to the body or head.

Signs and symptoms of concussion:

Confusion or poor concentration	ringing in the ears
Headache, blurry vision	Dizziness, drowsiness, fatigue
Sleep disturbance	Nausea or vomiting
Loss of consciousness	Loss of orientation/memory problems
Personality Change	Poor Balance/Concentration
Sensitivity to Light/Noise	Vacant Stare/Glassy Eyed
Mood disturbance	Nervousness

The following are recommendations for a safe and speedy recovery. **If symptoms listed above persist or worsen, please call your GP/physician or take your child to the nearest A&E.**

Actions to take at home:

It is okay to:

take over-the-counter medication
go to sleep
get lots of rest (no sports activity)
return to school

Do not:

have to wake every hour
play video games/watch excessive TV
text message on the phone
drink alcohol

Specific recommendations:

Provided to: _____ Tel. no.: _____

Signature: _____ Date _____

Provided by: _____ Tel. no.: _____

Signature: _____ Date _____
