

Concussion Injury Form
NOOKSACK VALLEY SCHOOL DISTRICT
HEAD INJURY
PATIENT INFORMATION CARD

Athlete's Name and School

Your son/daughter has sustained a head injury while participating in _____ . In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs and symptoms:

- 1. Headache (especially one that is increasing in intensity)
- 2. Nausea and Vomiting
- 3. Difference in pupil sizes
- 4. Mental confusion/behavior changes
- 5. Dizziness
- 6. Discharge of blood or clear fluid from nose, ears, or mouth
- 7. Memory Loss
- 8. Ringing in the ears
- 9. Changes in gait or balance
- 10. Blurry or double vision
- 11. Slurred Speech
- 12. Noticeable changes in the level of consciousness
(difficulty awakening, loss of consciousness)
- 13. Seizure Activity
- 14. Decrease or irregular pulse or respirations

Date cleared to return to activity _____

Restrictions ?

Certified Health Care Professional _____

Phone _____