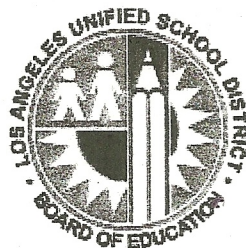


Office of Interscholastic Athletics  
**CONCUSSION INJURY REPORT**  
 (Required for LAUSD Athletes Only)



**SCHOOL FIRST RESPONDER AT TIME OF INJURY**

Name:		Date:	
Signature:		Title:	
Tools: SAC: <input type="checkbox"/> ___/30 BESS: <input type="checkbox"/> ___/30 APP: <input type="checkbox"/> _____		LOSS OF CONSCIOUSNESS (LOC) <input type="checkbox"/> NO <input type="checkbox"/> YES DURATION: _____ DISPOSITION FROM LOCATION EMS <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/>	

Name/Athlete:		DOB:	AGE:
School:	Home Phone:	Sport:	
Date/Injury:	Time/Injury:	Location Injury Occurred:	

**PARENT/GUARDIAN:**

Your child is suspected of sustaining a concussion or head injury (also known as a mild traumatic brain injury)\*. Quite often, signs and symptoms of a head injury do not appear immediately, but can appear hours later. The purpose of this fact sheet is to alert you to the signs and symptoms of a concussion or head injury your child reported.

Today, the following symptoms are present (checked):

PHYSICAL	PHYSICAL	THINKING	EMOTIONAL	SLEEP
Headaches	Sensitivity to light	Feeling Mentally Foggy	Irritable	Drowsiness
Nausea	Sensitivity to Noise	Problems Concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems Remembering	Feeling more Emotional	Sleeping less than usual
Visual Problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

**RED FLAGS: CALL 911, YOUR DOCTOR OR GO TO THE NEAREST EMERGENCY ROOM IF YOUR CHILD SUDDENLY EXPERIENCES ANY OF THE FOLLOWING:**

Headaches that WORSEN	Very drowsy or cannot be awakened	Does not recognize people or places	Unusual Behavior Change
Seizures	Repeated Vomiting	Increasing Confusion	Increasing Irritability
Neck Pain	Slurred Speech	Weakness or numbness/arms or legs	Loss of Consciousness

Name of Licensed Health Care Provider/Hospital/Urgent Care:	
Was Imaging done? <input type="checkbox"/> None <input type="checkbox"/> CT Scan <input type="checkbox"/> MRI <input type="checkbox"/> X-Ray	DIAGNOSIS:
Released to Parent/Guardian (Time: )	Cell Phone:
Print Name:	Parent Signature:

**\*Athletes must receive a signed and stamped medical release for a licensed health care provider (MD, DO, NP or PA) who is trained in the evaluation and management of concussions before being allowed to return to exercise, practice or game competition. The athlete must be symptom free and complete a supervised "Return to Play (RTP)" protocol before returning to competition. CIF State Bylaw 313 states: A student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider. In addition, CA State Law AB2127 (1/1/15) states that return to play cannot be sooner than 7 days after evaluation by a Licensed Health Care Provider who has made the diagnosis of concussion.**