

Brookstone School Athletics

Student/Parent Concussion Awareness Form

Dangers of Concussion

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short term or long term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial, which is why this document is necessary. Refer to it on a regular basis. This form must be signed by a parent or guardian of each student who wishes to participate in Brookstone School athletics. One copy needs to be returned to the school and one copy is for you to keep at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level and tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light
- Foggy memory, difficulty concentrating, slowed thought process, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (this does not occur in all concussion episodes)

Brookstone Concussion Policy

In accordance with Georgia Law and national playing rules established by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. An appropriate health care professional may include licensed physician (MD/OD) or another licensed individual under the supervision of a licensed physician such as a nurse practitioner, physician's assistant or certified athletic trainer who has received training in concussion evaluation and management.

- No athlete is allowed to return to a game or a practice on the same day that a concussion has been diagnosed or cannot be ruled out.
- Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give Brookstone School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the _____ school year. This form will be stored with the athletic physical form and other accompanying forms required by the GISA and the Brookstone School.

I have read this form and I understand the facts presented in it.

Student Name-Printed

Student Name-Signature

Date

Parent/Guardian Name-Printed

Parent/Guardian Name-Signature

Date