



# KNOW YOUR CONCUSSION ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care professional

## A Fact Sheet for Parents

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

### What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

### SIGNS AND SYMPTOMS OF A CONCUSSION

#### SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

#### SYMPTOMS REPORTED BY YOUR CHILD

##### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

##### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

##### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

##### Sleep\*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep


\*Only ask about sleep symptoms if the injury occurred on a prior day.



## DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

## What should I do if my child or teen has a concussion?

1. Seek medical attention. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning activities) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while **he/she** is recovering from a concussion. Exercising or doing activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning to daily activities too quickly (especially physical activity and learning/concentration).

## How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot keep up with school work and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



To learn more about concussion go to:

[www.cdc.gov/concussion](http://www.cdc.gov/concussion) or call 1-800-CDC-INFO

**PLEASE READ CAREFULLY BEFORE SIGNING:**

- A. **REGISTRATION AND AGREEMENT PURPOSE:** In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and parent or legal guardian, thereof, if a minor, do hereby voluntarily request and agree to participate in Plum City Youth Sports, and that this student/participant will participate today and on all future dates.

| STUDENT/PARTICIPANT/NAME | AGE |
|--------------------------|-----|
|                          |     |
|                          |     |

- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This agreement shall be legally binding upon me the registered student/participant, and the parents or legal guardians, thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives and it shall be interpreted according to the laws of the state of Wisconsin. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The terms "STUDENT" and or "PARTICIPANT" shall herein refer to a person who is involved in activities related to PLUM CITY YOUTH SPORTS. The terms "I", "ME", "MY", shall herein refer to the above registered student/participant and the parents or legal guardians, thereof if a minor.
- C. **ACTIVITY RISK CLASSIFICATIONS:** I understand that Softball/Baseball may involve RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. Related injuries can be severe, requiring medical attention or hospital admittance and may result in more lasting residual effects.
- D. **NATURE OF ACTIVITY:** I understand that PLUM CITY YOUTH SPORTS chooses activities selectively and follows safety precautions.
- E. **STUDENT/PARTICIPANT RESPONSIBILITY:** I understand that upon participating in events associated with this group/organization/, the student/participant safety largely depends upon his/her ability to carry out simple instructions. I agree that the student/participant shall be responsible for his/her own safety.
- F. **CONDITIONS OF NATURE:** I understand that PLUM CITY YOUTH SPORTS is not responsible for total or partial acts, occurrences, or elements of nature. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild or domestic animals, insects, reptiles, which may walk, run, fly near or bite/sting the student/participant. Irregular footing out of door groomed or wild land, which is subject to constant change in condition according to weather, temperature and natural and man made changes in landscape.
- G. **ACCIDENT/MEDICAL INSURANCE:** I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall be liable to pay for all such incurred expenses.
- H. **LIABILITY RELEASE:** In consideration of PLUM CITY YOUTH SPORTS allowing my participation in activities, under the terms set forth herein, I, the student/participant, and the parent or legal guardian, thereof a minor, do agree to hold harmless and release PLUM CITY YOUTH SPORTS, it's owners, agents, employees, officers, members, premises owners, coaches, volunteers, and affiliated organizations from legal liability due to ordinary negligence, and I do further agree that, except in the event of gross and willful negligence, I shall bring no claims, demand, action and causes of action, and/or litigation against PLUM CITY YOUTH SPORTS and IT'S ASSOCIATES as stated above in this clause, for any economic and non economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of PLUM CITY YOUTH SPORTS, to include while being involved in the activity or otherwise being near the activity owned by or in the care custody and control of PLUM CITY YOUTH SPORTS.

All student/participants, parents, or legal guardians must sign below after reading this entire document.

**SIGNER STATEMENT OF AWARENESS:**

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICATIONS PHYSICAL CONDITION, EXPERIENCE AND AGE ARE TRUE AND ACCURATE.

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER 18) OR STUDENT/PARTICIPANT

DATE

PLEASE PRINT STUDENT/PARTICIPANT'S NAME

STREET ADDRESS

CITY

STATE

ZIP

## Plum City Youth Sports Registration Form

### I. Family Information

Participant

Name: \_\_\_\_\_

Name of \_\_\_\_\_

Parents: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Alt. phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### II. Additional person who can be called in an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### III. Physician to be called in emergency:

Doctor's

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone: \_\_\_\_\_

Action to be

taken if

physician can't

be reached: \_\_\_\_\_

### IV. Medical insurance information:

Name & Plan or

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

### V. Allergies or other medical limitations:

### VI. Permission to participate:

I attest to the fact that the above named participant had no injury or illness serious enough to warrant a medical evaluation prior to participating in this program or have provided a Dr. release. I acknowledge I have a responsibility to notify Plum City Youth Sports of any changes in my child's health or health requirements. Until such time as I give notice in writing, Plum City Youth Sports may rely on this Release and authorization to permit my child to participate in sports.

Parent's

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- VII. **Permission for medical treatment:** *Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.* In case of accident or emergency, I authorize my child's caregiver or other authorized adults to take my child to the above-named physician or to the nearest hospital for emergency treatment. I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

Parent's

Signature: \_\_\_\_\_

Date: \_\_\_\_\_