

CONCUSSION/HEAD INJURY FACT SHEET

What is a concussion?

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- ~~Can happen even if you have not been knocked out~~
- Can be serious even if you have just been “dinged”

What are the symptoms of a concussion?

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

What should I do if I think I have a concussion?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

How can I prevent a concussion?

- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards—**IN ORDER FOR EQUIPMENT TO PROTECT YOU**, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

For more information visit:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com
- www.Sportsconcussions.org

Concussion and Head Injury Acknowledgement

Yale Public Schools

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Yale Public Schools related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Yale Public
PRINT STUDENT-ATHLETE NAME

School athletics and I, _____ as the parent/legal guardian, have
PRINT PARENT/LEGAL GUARDIAN NAME

read the information material provided to us by Yale Public Schools related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE