

## Chouteau-Mazie Public Schools

### Concussions and Head Injuries (Student Section)

### Concussion/Head Injury Fact Sheet

#### What is a concussion?

A concussion is a brain injury that:

- 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"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities like playing video games, working on a computer, studying, driving or exercising. Most people with a concussion get better, but it is important to give your brain time to heal.

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

Signs and symptoms of a concussion can show right up after the injury or may not appear to be noticed until days or weeks after the injury.

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall event prior to hit or fall
- Cannot recall events after hit or fall

#### What should you, the student athlete, do if you think you 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 care 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 had 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.

#### What should parents/guardians do if they think their child has a concussion?

- **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**Symptoms Reported by Athletes:**

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

**How can you prevent a concussion?**

- Follow the 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.)
- Learn the signs and symptoms of a concussion

**If you think you have a concussion:**

**Don't hide it. Report it. Take time to recover.**

**It's better to miss one game than the whole season.**

For more information about concussions visit:

[www.ossba.com](http://www.ossba.com)

[www.cdc.gov/traumaticbraininjury](http://www.cdc.gov/traumaticbraininjury)

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| <b>Chouteau-Mazie Public Schools</b><br><br>Concussions and Head Injuries<br>(Student Section) | Concussion/Head Injury Acknowledgments |
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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 the School District related to potential concussions and head injuries occurring during participation in athletics.

I, \_\_\_\_\_ (please print student-athlete's name) as a student-athlete who participates in athletics and I, \_\_\_\_\_ (please print parent/guardian's name) as the parent/legal guardian, have read the information material provided to us by the School District 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

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

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| <b>Chouteau-Mazie Public Schools</b><br><br>Concussions and Head Injuries<br>(Student Section) | Concussion/Head Injury<br>Health Care Certification |
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**To: [INSERT APPROPRIATE DISTRICT OFFICIAL]**  
 Chouteau-Mazie Public Schools  
 P.O. Box 969  
 Chouteau, OK 74337

It is my understanding that the School District will not allow a student-athlete who has sustained or is suspected of having sustained a head concussion to practice or participate in any athletic competition until the athlete is evaluated in a follow-up examination by a medical doctor or doctor of osteopathy trained in the evaluation and management of head concussions and the student-athlete receives written clearance from the medical doctor or doctor of osteopathy to return to athletic participation.

My signature below certifies to the following:

- I am a \_\_\_\_\_ medical doctor / \_\_\_\_\_ doctor of osteopathy licensed to practice in the State of Oklahoma. (Check one)
- I have been trained in the evaluation and management of head concussions.
- The following student-athlete has been evaluated by me in connection with a head concussion or suspected head concussion: \_\_\_\_\_.
- My evaluation of the named student-athlete has occurred since the date and time of the concussion or suspected concussion.
- It is my professional opinion, based on my training and experience, that the student-athlete named above may return to participation in athletics in the Schools Districts' Athletic Programs on the following date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Medical Doctor or Doctor of Osteopathy

\_\_\_\_\_  
 Date