



# Arkansas Activities Association Concussion Fact Sheet for Athletes and Parents

## WHAT IS A CONCUSSION

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding”, “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION

### Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory Problems
- Confusion
- Does not “feel right”

### Observed by the Parent / Guardian, Coach, or Teammate

- 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
- Can’t recall events after hit or fall
- Appears dazed or stunned

## WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

### Athlete

- TELL YOUR COACH IMMEDIATELY
- Inform parents
- Seek medical attention
- Give your self time to recover

### Parent / Guardian

- Seek medical attention
- Keep your child out of play
- Discuss play to return to play with coach
- Address academic needs

## WHERE CAN I FIND OUT MORE INFORMATION?

- Center for Disease Control [www.cdc.gov/concussion/HeadUp/youth.html](http://www.cdc.gov/concussion/HeadUp/youth.html)
- NFHS Free Concussion Course <http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

## RETURN TO PLAY GUIDELINES

1. Remove immediately from activity when signs/symptoms are present.
2. Release from medical professional required for return (Neuropsychologist, MD, DO, Nurse Practitioner, Certified Athletic Trainer, or Physician Assistant)
3. Follow school district’s return to play guidelines and protocol

## SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached AAA Concussion in Sports Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity.

\_\_\_\_\_  
Athlete’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date