



## Concussion Protocol/Fact Sheet

### 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 Club Member

- 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, Staff, or Others

- 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

#### Club Member

- TELL YOUR STAFF IMMEDIATELY
- Inform parents/guardians
- Seek medical attention
- Give your self time to recover

#### Parent / Guardian

- Seek medical attention
- Keep your child out of play until medically released

### 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)

### SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached BGCVB Concussion Fact Sheet for Members and Parents. I also acknowledge and I understand the risks of brain injuries associated with participation in physical activity.

\_\_\_\_\_  
Member’s Signature

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date