

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- 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 mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Mike Gawlik Volleyball Camps LLC Satellite Release

Consent to Treat

Camper Name: _____ DOB: _____

Camp: _____

List any medical conditions that camp personnel should be aware of (please use additional pages as necessary): _____

List any medications currently taking: _____

In case of emergency please contact:

Name Daytime Phone Nighttime Phone

Name Daytime Phone Nighttime Phone

Medical Insurance Company Phone

Insurance Policy Number(s)

I _____, as parent or legal guardian of the participant, do hereby give my permission for Mike Gawlik Volleyball Camps LLC, the director of the camp and subordinates to seek any necessary medical and/or surgical treatment which is reasonably thought to be necessary for the care of my child. The program director is authorized to provide necessary and emergency medical treatment, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims. I authorize insurance payment directly to the medical facility. I attest that my daughter had a physical within the last twelve months and the physical disclosed no medical conditions, other than those listed on this consent to treat, that would make participation in this volleyball camp a risk.

I hereby acknowledge that participation in this volleyball camp and related activities is at the sole discretion and judgement of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my daughter, hereby assume all such risk, I hereby release and agree to hold harmless Mike Gawlik Volleyball Camps LLC personnel, students and employees from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any volleyball camp activity except where the injury or damage is caused by the gross negligence of the camp. Mike Gawlik Volleyball Camps LLC is not responsible for lost or stolen property.

Signature (Parent or Legal Guardian) Date

Photographic Release Form

I, the parent or legal guardian of a minor participating in the Mike Gawlik Volleyball Camps LLC hereby authorize camp personnel and those acting pursuant to its authority to (a) record my child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my child's name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any form (e.g. print publications, video tapes, CD-ROM, internet/WWW or any other form now or hereafter developed) these recordings for any purpose that Mike Gawlik Volleyball Camps LLC deem appropriate, including promotional or advertising purposes. I understand that all such recordings, in whatever medium, shall remain the property of Mike Gawlik Volleyball Camps LLC.

Signature (Parent or Legal Guardian) Date

Please mail to: Mike Gawlik Volleyball Camps LLC, 112 Rose Center, Mt. Pleasant, MI 48859