

BIG HORN SCHOOL DISTRICT NO. 2

Lovell High School - Athletic Department

Training, Information And Restrictions On Participation For Student Athlete Concussions

The following information are guidelines for management of concussion in sports as provided by the National Federation of State High School Association (NFHS). Concussions are an inherent risk while participating in competitive high schools sports. This information is being provided to the students and their parents/guardians to help educate them on what a concussion is, the effect it has on the athlete, how it is diagnosed and treated, and the process the athlete and coaches must follow to safely allow the player to return to competition.

Introduction

A concussion is a type of traumatic brain injury that interferes with normal function of the brain. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.

The understanding of sports-related concussion has evolved dramatically in recent years. We now know that young athletes are particularly vulnerable to the effects of a concussion. A concussion is caused by a bump, blow or jolt to the head or body. Basically, any force that is transmitted to the head causes the brain to literally bounce around or twist within the skull, potentially resulting in a concussion.

There is no such thing as a minor brain injury and each suspected concussion must be taken seriously. A player does not have to lose consciousness or be “knocked-out” to have a concussion. In fact, less than 10% of players actually lose consciousness with a concussion.

Recognition and Management

If an athlete exhibits any signs, symptoms, or behavior that make you suspicious that he or she may have had a concussion, that athlete must be removed from all physical activity, including sports. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. No player shall return to play the same day if a loss of consciousness or suspicion of a loss of consciousness has occurred. **(WHSAA rule)**

SYMPTOMS REPORTED BY ATHLETE

Headache, Nausea, Memory Problems, Feeling “Whoozy”, Double or “Fuzzy” Vision, Balance Problems or Dizziness, Sensitivity to Light or Noise, Concentration or Memory problems and confusion

SYMPTOMS OBSERVED BY OTHERS

Appears dazed and confused, Is confused about what to do, Forgets the play, Is unsure of the score or opponent, Moves clumsily, Answers questions slowly, Loses consciousness, Shows behavior or personality changes, Can’t recall events prior to hit, Can’t recall events after the hit

WHEN IT DOUBT, SIT THEM OUT!

Action Plan

When you suspect that a player has a concussion, follow the “Heads-Up” 4 – Step Action Plan.

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by an appropriate health-care professional.
3. Inform the athlete’s parents or guardians about the possible concussion and give them information on concussions.
4. Keep the athlete out of play the day of the injury and until an appropriate health-care professional says he or she is symptom-free and gives the okay to return to activity.

The signs, symptoms, and behavior of a concussion are **not always** apparent immediately after a blow or hit to the head or body and may develop over a few hours. An athlete should be observed following suspected concussion and should **never** be left alone.

If an athlete returns to activity before being fully healed from an initial concussion, the athlete is at risk for repeat concussion. An athlete should **never** be allowed to resume playing a physical activity following a concussion until he or she is symptom free and given the approval to resume physical activity by an appropriate health-care professional.

Please sign and return bottom portion

As the parent/guardian of _____, my signature below indicates that I have read and understand the information provided by Big Horn County School District No. 2 on concussion and head injuries and the related restrictions on participation in activities. I am also aware of the risk of injury in participating in interscholastic athletic programs.

** Additional information on concussions can be found on the BGH2 website.

Parent/Guardian Name _____ Date _____

Parent /Guardian Signature _____