Some common symptoms

- Headache
- Pressure in the head
 - Nausea/ vomiting
 - Dizziness
 - Balance problems
- Double vision
- · Blurry vision
 - Sensitivity to light
- Sensitivity to noise
- Sluggishness
 - Haziness
 - Fogginess
 - Grogginess
- Poor concentration
 - Memory problems
 - Confusion
- "Feeling down"
 - Not "feeling right"
 - Feeling irritable
 - Slow reaction time
 - Sleep problems
- Appears dazed and stunned
- Disoriented or confused
 - · Forgets an instruction

UNDERSTANDING Information for parents and students (Content meets MDCH requirements)

EUNGUSSIUN

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. It can also be caused by the shaking or spinning of the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and The soft tissue symptoms of concussions can of the brain shifts show up right after the injury or quickly and hits may not appear or be noticed the hard inner skull

Blunt

force

injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.

until days or weeks after the

If you suspect a concussion

1. 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 the student to return to regular activities, including sports.

2. KEEP YOUR STUDENT OUT OF PLAY

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

3. TELL THE SCHOOL ABOUT ANY **PREVIOUS CONCUSSION**

Schools should know if a student had a previous concussion. A students school may not know about a concussion received in another sport or activity unless you notify them.

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. A student 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

Skull

bone

- · Is drowsy or cannot be awakened
 - · Weakness, numbness, or decreased coordination

· A headache that gets worse

- · 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)

How to respond to a report of a concussion

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

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

!!! WHEN IN DOUBT...SIT OUT !!!

One

example





CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledg	ge in accordance with Public Acts 342 and 343 of
2012 that I have received and reviewed the Cor	ncussion Fact Sheet for Parents and Students
provided by	· · ·
School/Parish	
	•
	District d
Student Name Printed	Parent or Guardian Name Printed
Student Name Signature	Parent or Guardian Signature
, .	
Date	Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.

