REPORT TO PARENT

Athlete’s Name: ________________________________________________

Coach’s Name: _______________________________ Date & Time: ______________

What Happened / Cause of Injury: _________________________________________

______________________________________________________________

______________________________________________________________

Coach & Staff Response: _______________________________________________

Symptom Notes: ___________________________________________________

______________________________________________________________

RECOVER

• Proper recovery involves:
  - Eat well
  - Drink plenty of fluids
  - Sleep

• Rest (physical)
  - No physical exertion or exercise

• Rest (mental)
  - Encourage brain rest & limit screen time

BEFORE RETURNING TO PLAY

• Athlete MUST be cleared by a doctor
• Athlete will be required to follow a gradual process to ensure recovery

1 OR MORE OF THESE MAY = CONCUSSION:

May not appear for MINUTES, HOURS, DAYS or UNTIL CHALLENGED (physically OR mentally)

- Headache
- Pressure in the Head
- Nausea or Vomiting
- Sleep Changes
- Dizziness
- Vision Changes
- Sensitive to Light or Noise
- Feeling Sluggish or Groggy
- Confusion
- Difficulty Concentrating or Remembering
- Mood Changes
- Behavior or Personality Changes
- Being Knocked out (even briefly)
- Answers Questions Slowly
- Moves Clumsily

Keep CONCUSSIONS on the Sidelines!

DANGER SIGNS = IMMEDIATE MEDICAL ATTENTION:

- Symptoms Get Worse
- Decreasing Consciousness
- Increasing Sleepiness
- Seizure
- Vomiting
- Trouble Recognizing People or Places
- Neck Pain
- Weakness in Arms or Legs
- Slurred Speech

With proper recognition & management YOU can prevent permanent brain injury & death

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