



TREASURE VALLEY

CLASSICAL ACADEMY

CONCUSSION INFORMATION PAGE 1/2

What is a concussion?

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

What are signs and symptoms of a concussion?

Signs and symptoms of concussion may be evident right after the injury or may not be evident until days or weeks after the injury. Athletes who report one or more symptoms of concussion after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury. Athletes should only return to play with the permission from a health care professional experienced in evaluating for concussions.

Symptoms

Athlete-reported symptoms include: • Headache or "pressure" in the head • Nausea or vomiting • Dizziness or balance problems • Blurry or double vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • "Not feeling right" or "feeling down"	Coach-observed signs include: • Appears dazed or stunned • Is confused about assignment or position • Forgets instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Cannot recall events prior to hit or fall
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A Classical Education for Modern Times

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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. Athletes who exhibit any of the following danger signs after a bump, blow, or jolt to the head should receive immediate medical attention:

• 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 briefly should be taken seriously)
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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. Keep the athlete out of play the day of the injury and until a health care professional experienced in the evaluation of concussion approves the athlete's return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercise and activities involving a lot of concentration (such as studying and working on a computer) may cause concussion symptoms to reappear or worsen. Returning to sports and school post-concussion 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 exhibit symptoms for days, weeks, or in the most serious cases, even months.

Why should an athlete report their symptoms?

If an athlete has a concussion, his or her brain needs time to heal. While an athlete's brain is still healing, he or she is much more likely to suffer another concussion. Repeated concussions can increase recovery time. In rare cases, repeated concussions in young athletes can result in brain swelling or permanent damage to the brain. Concussions can even be fatal.

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PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGMENT FORM

I, by signing below, hereby acknowledge that Treasure Valley Classical Academy has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion, head injury, and described the nature and risk of concussion and head injury in accordance with the standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

Student Name (Please Print)

Date (mm/dd/yy)

Student Signature

Parent/Guardian Name (Please Print)

Date (mm/dd/yy)

Parent/Guardian Signature

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