REMOVAL FROM ACTIVITY GUIDE

CONCUSSION CARE PROVIDERS

Professionals on your team are trained to make removal from activity decisions. **Are your athletes educated on the importance of symptom reporting?**

Steps to Ensure Safe Removal From Activity

Educate athletes, parents, and coaches on the importance of reporting concussion symptoms. Continue reinforcing with the athletes the need to report if one of their teammates is acting strangely. Keep a list of concussion signs and symptoms posted in locker rooms and training rooms. Have an **effective concussion** protocol in place. Foster an environment where athletes feel comfortable reporting a concussion and supporting teammates sitting out of play.



REMOVAL FROM ACTIVITY GUIDE

ATHLETES, PARENTS, AND COACHES

How do I know if I (my child/athlete) have a concussion?

If, after suffering a blow to the head or sudden jarring of the head, you **have one or more symptoms described** below, you might have had a concussion:

- Problems with concentration or memory
- Dizziness or lightheadedness
- Sensitivity to light or noise
- Change in sleep pattern

- Double or fuzzy vision
- Feeling "foggy"
- Headache
- Nausea

If, after suffering a blow to the head or sudden jarring of the head, you **observe any of these signs** in your child/athlete, they might have sustained a concussion:

- Forgets events prior injury (retrograde)
- Forgets events after injury (anterograde)
- Shows behavior or personality change
- Loses consciousness, even briefly

- Appears to be dazed or stunned
- Is confused about assignment
- Answers questions slowly
- Moves clumsily

What do I do if I think I have a concussion?

(Parents & Coaches: make sure your child/athlete follows the steps below if they suspect they have a concussion)



Stop performing any activity immediately.

Tell your coach, athletic trainer, or team physician what **symptoms you're experiencing**.

Seek medical care to get a comprehensive evaluation. Find trained providers at:

ConcussionCareProviders.com

Wait until you have medical permission to return to activity in which you are involved.

