

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.



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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.