



State Council for Persons with Disabilities

Parent/Player Concussion Information Form

Background:

Delaware law requires athletes under age 18 and their parents to review and sign this sheet prior to participation in covered activities sponsored by a club, league or association. Covered activities include football, rugby, soccer, basketball, lacrosse, field or ice hockey, martial or combative sports, wrestling, volleyball, gymnastics, baseball, softball, and cheerleading. This signed form should be given to the sponsoring organization prior to participation, and, for multi-year activities, on a yearly basis.

You can get detailed information about the law at our [SCPD Website](http://SCPD.delaware.gov) at <http://SCPD.delaware.gov>.

What is a concussion?

A concussion is a type of traumatic brain injury—or 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. A concussion changes how the brain normally works. An athlete does not have to lose consciousness (black out) to get a concussion. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his / her head directly.

Signs and symptoms of a concussion:

Concussions can affect children and teens differently. Below are common symptoms they might report or that might be observed. It can take days for symptoms to appear following the initial hit /fall.

Experienced by Children and Teens	Observed by Parents, Coaches, or Teammates
<ul style="list-style-type: none"> • Headache or “pressure” in the head • Nausea or Vomiting • Dizziness or balance problems • Blurred or double vision • Light or noise sensitivity • Ringing in ears • Difficulty concentrating or remembering • Confusion • Feeling slowed down • Feeling sad, irritable, or more emotional • Being tired, or a change in sleep • Just not “feeling right” or “feeling down” <p>Younger children may not be able to report symptoms, and so decisions should be based on adult observation.</p>	<ul style="list-style-type: none"> • Loss of consciousness • Appears dazed or confused • Responds slowly / answers questions slowly • Change in behavior, mood, or personality, including irritability or aggressive • Can’t recall events prior to or after the hit/fall • Loses focus on current activities • Moves clumsily/ Appears off balance • Slurred speech • Is more restless or appears more tired than usual • Change in sleep pattern

What should happen if my child/teen might have a concussion?

The athlete must leave the game, practice or activity **immediately**. **This is Delaware law and is in place to protect your child.** They should not re-enter play **until seen and evaluated by a physician**. When in doubt, the athlete sits out. Remember, it is better to miss one game than to miss the whole season. If an athlete continues to play when he or she might have a concussion, there could be serious medical consequences, even death (Second Impact Syndrome). Also, if a concussion has occurred or is suspected the CDC advises that you ask your (child's/teen's) health care provider when they can safely return to other activities, e.g. school, drive a car and/or ride a bike.

Athletes should not be left alone. Concussions can have a more serious effect on the young, developing brain-whose development extends into young adulthood. Be aware that sometimes athletes try to hide their symptoms so that they can stay in play. **Have your child seen by a physician, even if symptoms resolve. Do not try to judge the severity of the injury yourself.**

To return to play:

Delaware law requires that your child be seen and given medical clearance by a physician before return to play. Your physician may either complete a form or supply a letter certifying clearance. Provide the form or letter to the sponsoring organization. If the physician limits school-related activities like classwork, driver's education, gym and recess, you may wish to share the form or letter with the athlete's school.

Additional websites:

If you have additional questions regarding concussion or concussion management, we recommend the following websites:

[CDC Headsup Website](#)

[CDC Concussion Information](#)

[Moms Team Concussion Safety](#)

[Brainline Organization](#)

I affirm: (1) I have read the above information; and (2) if the athlete could not independently read it due to reading ability, I have shared its key points with the athlete.

Parent/Guardian signature

Parent/guardian printed name

Date

I affirm: that I have read the above information or been told its key points by my parent/guardian.

Athlete signature

Athlete printed name

Date

* We recommend printing and keeping a copy of this form for your records.