

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

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. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- 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 a brief loss of consciousness should be taken seriously)

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. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school 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 have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Campus Guide



Academic/Administrative Facilities (#)

- | | |
|---|---|
| 18. Administration | 16. Jarvis Hall - Science Wing |
| 78. Adventure Challenge Course | 16A. Jarvis Hall - Technology Wing |
| 87. Alumni Field | 5. Johnson Fieldhouse/Sports and Fitness Center |
| 19. Applied Arts | 62. Louis Smith Tainter House |
| 3. Bowman Hall | 67. McCalmont Hall-Education and Human Services |
| 86. Burton E. Nelson Field | 45. Memorial Student Center |
| 8. Child and Family Study Center | 47. Merle M. Price Commons |
| 46. Communication Technologies | 17. Micheels Hall |
| 85. Don and Nona Williams Stadium | 11. Millennium Hall - Admissions Office |
| 2. Fryklund Hall | 65A. North Point Dining and Fitness Center |
| 89. General Services | 12. Robert S. Swanson Library and Learning Center |
| 1. Harvey Hall | 48. Student Health Center |
| 36. Heating Plant | 91. University Services |
| 10. Heritage Hall | 7. Vocational Rehabilitation |
| 15. Jarvis Hall - Science Wing Addition | |

Residence Halls (#)

- | | |
|---|----------------------------------|
| 67. Antrim-Froggatt-McCalmont Halls | 61. Jeter-Tainter-Callahan Halls |
| 69. Curran-Kranzusch-Tustison-Oetting Halls | 72. North Hall |
| 66. Fleming Hall | 83. Red Cedar Hall |
| 68. Hansen-Keith-Milnes-Chinnock Halls | 73. South Hall |
| 65. Hovlid Hall | 64. Wigen Hall |

Accessibility Symbols and Public Safety

- | | |
|----------------------|----------------------|
| Slope/Ramp | Sidewalks/Bike Route |
| Steep Incline | Sidewalks |
| Accessible Entrances | Well-lit sidewalks |
| Electric Doors | One-way streets |
| Curbscuts | Disabled Parking |

University Police officers are on duty 24 hours each day.

Parking

During hours of enforcement, all non-metered campus parking requires display of a permit. Permits are available from Parking Services in the University Services Building (91), 817 S. Broadway. Additional parking instructions are available at www.uwstout.edu/parking/

- | | |
|----------------------|--------------------|
| Public Meters | Parking Lots |
| North Campus Housing | Motorcycle Parking |
| Main Campus Housing | Disabled Parking |
| Commuter Parking | Moped Parking |

Parking Regulation

Commuter Lots and Meters

Permit regulated: 7 a.m. - 4 p.m.; M-F
Meters regulated: 7 a.m. - 5 p.m.; M-F
Parking prohibited 2 a.m. - 7 a.m. daily.

Housing Parking Lots

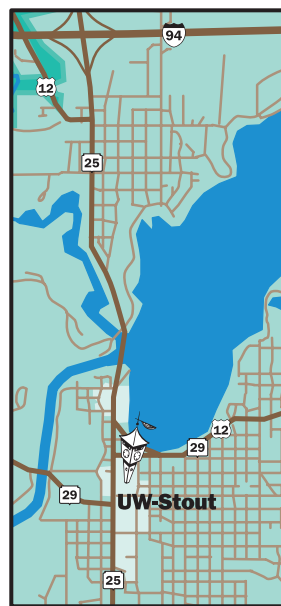
Regulated 24 hours every day; between 9 p.m. Sunday and 1 p.m. Friday.

Disabled Spaces, Restricted Areas, Service Areas and Short Term Spaces:

Regulated 24 hours every day.

Visitors should obtain a permit from their host prior to their visit and park in the lot(s) designated for that permit. Visitors without permits must park in a paid meter.

Getting to UW-Stout



UW-Stout is easily accessible from the east or west on Highways 12 and 29 and from the north or south on Highway 25. Menomonie is located about 60 miles east of Minneapolis - St. Paul and about 260 miles northwest of Milwaukee on Interstate 94 (exit Highway 25 south).

For directions to UW-Stout arts, athletics and conference venues go online to www.uwstout.edu/places.shtml. View our online campus tour at www.uwstout.edu/tour/.

Medical Treatment and Medication Administration Consent Form

Completion of both sides of form is **REQUIRED** prior to participation (HFS 175)

If your child/ward will be under the age of 18 years while at the University of Wisconsin-Stout, it is policy to secure your consent for medical treatment and medication distribution, whether medication/treatment is self-administered or administered by designated camp staff, with the exception that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexadrine, etc.) must be by law administered by camp health staff.

All medications must be in original container and labeled with the camper's name, doctor's name and phone number, medication name, date prescribed and instructions.

- No** medication brought to camp.
- Yes**, prescription medication(s) and/or medical device(s) are brought to camp. *Complete medication box below.*
 - Yes**, non-prescription/over the counter medications are being brought to camp.
- I will self-administer the medication(s) and/or medical device(s). **This is allowed if 14 years old or older.**
- Designated camp staff, i.e. nurse, athletic trainer, camp counselor, will administer the medication(s) and/or medical device(s). **Mandatory for age 13 and under.**
*** However, a limited amount of medication for life threatening conditions may be carried by my child/ward, i.e. allergy medications, bee sting kits, inhalers, insulin.*

Name of Medication and prescribing MD	Dosage	How is it taken, i. e. oral, injection	Reason	Time(s) of day medication is taken	Day(s)/Number of days Medication is to be taken

Special Instructions: _____

By signing below, you are:

- Attesting that all information on this form is correct.
- Acknowledging that you have received the notice of privacy practices statement. (www.uwstout.edu/studenthealth)
- Giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury. Give permission for UW-Stout to obtain medical records & medical information from and disclose such information to any medical facility my child/ward would be taken to. Information disclosed may be verbal or written form and relate to the injury and/or illness that the camp participant is currently being treated for. Understand that the following conditions apply: I have the right to revoke this authorization by providing a written notice of revocation to UW-Stout Health Services. The revocation will not apply to the information that has already been disclosed prior to the receipt of this written revocation. The medical facility will not condition treatment on whether this authorization is signed, although UW-Stout reserves the right to deny a student's participation in camp if this authorization is not signed. Once information is disclosed it may be subject to redisclosure and may no longer be protected by federal privacy rules. This authorization automatically expires at the end of the UW-Stout camp/program that child/ward is participating in.
- Stating that you are aware of and accept the risk inherent in the program activity.
- Agreeing to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Stout, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/program.

Signature: _____ **Date:** _____
Parent/Guardian

UW-Stout Photo Consent

I understand that the university may take photographs of camp participants and activities. I agree that the University of Wisconsin-Stout shall be the owner of and may use such photographs relating to the promotion of future camps and in any University Publication. I relinquish all rights that I may claim in relation to the use of said photographs.

Signature: _____ **Date:** _____
Parent/Guardian

UNIVERSITY OF WISCONSIN-STOUT

TALENT/PARTICIPANT RELEASE

GENERAL NEWS, MARKETING, EDUCATIONAL OR INFORMATIONAL PURPOSES

PRODUCTION — WORKING TITLE: _____

DATE: _____

RELEASE — ADULT

I grant permission to UW-Stout and its agents to use my image (*whether still, motion picture or video*), recordings of my voice, and my name in association with the purpose(s) designated above. I further agree to permit editing of the production medium (*digital file, video, film or audio recording*) to the extent necessary for normal production purposes, provided that the intent of my performance is not altered. I understand that I will **not** be compensated for this participation.

Print Name: _____

Address: _____

Phone: _____

Signature: _____ **Date:** _____

RELEASE — CHILD

I grant permission to UW-Stout and its agents to use my minor child's image (*whether still, motion picture or video*), recordings of my voice, and my name in association with the purpose(s) designated above. I further agree to permit editing of the production medium (*digital file, video, film or audio recording*) to the extent necessary for normal production purposes, provided that the intent of my performance is not altered. I understand that I/we will **not** be compensated for this participation.

Child's Name: _____

Print Parent or Guardian's Name: _____

Address: _____

Phone: _____

Signature: _____ **Date:** _____



UNIVERSITY COMMUNICATIONS
15 Administration Building, UW-Stout
Menomonie, WI 54751

715/232-2381
www.uwstout.edu/uc