

Parent/Guardian Home Instruction

Athlete: _____ Date of Injury: _____

Your son/daughter has sustained a head injury while participating in _____. In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs and symptoms:

1. Headache (especially one that increases in intensity*)
2. Nausea and vomiting*
3. Difference in pupil size from left to right, dilated pupils*
4. Mental confusion/behavioral changes
5. Dizziness
6. Memory loss
7. Ringing of ears
8. Changes in gait or balance
9. Blurry or double vision*
10. Slurred speech
11. Noticeable changes in the level of consciousness (difficulty awakening or losing consciousness suddenly*)
12. Seizure activity*
13. Decreased or irregular pulse or respiration*

The best guideline is to note the symptoms that worsen, and behaviors that seem to represent a change in your son/daughter. If you have any question or concern at all about the symptoms you are observing, contact your family physician for instructions or seek medical attention at the closest emergency department. Otherwise you can follow the instructions outlined below:

IT IS OK TO:

- Use ice pack on head and neck as needed for comfort
- Eat a light diet
- Go to sleep
- Rest (No strenuous activity or sports)
- Consult your physician about the use of prescription medications

DO NOT:

- Do not drive
- Do not exercise or lift weights
- Do not use electronic devices
- Do not take ibuprofen, aspirin, non-steroidal anti inflammatory medications and products containing alcohol and other illegal substances

Please remind your child to check in with the **School Nurse** prior to going to class, on the first day he/she returns to school. **Your child should also follow up with the Certified Athletic Trainer.**

Recommendations provided to: _____ Phone: _____

Recommendations provided to: _____ Phone: _____

Date: _____ Time: _____