**Concussion: Statement of Student-Athlete Responsibility and Parent Awareness  
Louisiana Youth Concussion Act 314**

**What is a Concussion?**A concussion is a brain injury caused by a blow to the head, face or elsewhere on the body with a force transmitted to the brain. Concussions can result from hitting a hard surface such as the ground floor, from players colliding with each other or from being hit by a ball, bat or other sporting equipment.

**Facts about Concussions**1. A concussion is a serious brain injury  
2. Concussions can occur without a loss of consciousness or other obvious signs  
3. Concussions can occur from blows to the body as well as to the head  
4. Concussions can occur in any sport  
5. Athletes can still get a concussion even if they are wearing a helmet  
6. Recognition and proper response to concussions when they first occur can help prevent further   
 injury or even death.

**Signs and Symptoms of Concussion can Include:**Headache or “pressure” in head Nausea or vomiting  
Balance or blurry vision Double vision  
Sensitivity to light or noise Feeling sluggish, hazy, foggy or groggy  
Confusion   
Sensation that one does not “feel right”

**For more information:  
  
*cdc.gov/concussion***

**Why knowing you have a Concussion is Important**Most concussions resolve but some concussions can lead to chronic symptoms such as headache, decreased memory, sleeping problems, or personality changes. Rest, avoiding another blow to the head, and following the advice of your medical staff are critical in helping you recover as fast and as safely as possible. Sustaining another concussion prior to recovery from the first increases your chance of long term symptoms. There have been reports of death with a second concussion in younger athletes. It is very important for you to report any concussion symptoms as described above to your athletic trainer, coach or physician at the time of the injury. This includes alerting the medical staff to symptoms in your teammates if you notice these.  
  
**Statement of Student Athletic Responsibility**   
I accept responsibility for reporting all injuries and illnesses to the athletic trainers at Dutchtown High School including any signs and symptoms of a Concussion. I have read and understand the above information on concussions. I will inform the athletic trainers immediately if I experience any of these symptoms or witness a teammate with these symptoms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  
**Athlete Name (Print) Athlete Signature Date**

As the parent of the above mentioned student, I am also aware of the issues concerning concussions as mentioned in this document and agree to adhere to these guidelines.  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  
**Parent Name (Print) Parent Signature Date**