



Student-Athlete Concussion Policy

The General Assembly amended the *Code of Virginia* requiring each school division to develop policies and procedures regarding identification and handling of suspected concussions in student-athletes in the Commonwealth of Virginia. One part of this requirement is annual review by student-athletes and parents, information on concussions provided by the school division. This information can be provided by handouts, parent meetings, workshops and other methods individual schools deem appropriate. Included below is basic information on concussions and a Statement of Acknowledgement. This form must be signed and returned to the student-athlete's school in order to participate in any extracurricular athletic activity.

What is a concussion? A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

SIGNS AND SYMPTOMS OF A CONCUSSION

<p>SIGNS OBSERVED BY PARENTS OR GUARDIANS</p> <ul style="list-style-type: none"> Appears dazed or stunned Is confused about events Answers questions slowly Repeats questions Can't recall events prior to the hit, bump, or fall Can't recall events after the hit, bump, or fall Loses consciousness (even briefly) Shows behavior or personality changes Forgets class schedule or assignments 	<p>SYMPTOMS REPORTED BY YOUR CHILD</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Thinking/Remembering</p> <ul style="list-style-type: none"> Difficulty thinking clearly Difficulty concentrating or remembering Feeling more slowed down Feeling sluggish, hazy, foggy, or groggy <p>Physical</p> <ul style="list-style-type: none"> Headache or "pressure" in head Nausea or vomiting Balance problems or dizziness Fatigue or feeling tired Blurry or double vision Sensitivity to light or noise Numbness or tingling Does not "feel right" </td> <td style="width: 50%; vertical-align: top;"> <p>Emotional</p> <ul style="list-style-type: none"> Irritable Sad More emotional than usual Nervous <p>Sleep*</p> <ul style="list-style-type: none"> Drowsy Sleeps less than usual Sleeps more than usual Has trouble falling asleep <p><small>* Only ask about sleep symptoms if the injury occurred on a prior day</small></p> </td> </tr> </table>	<p>Thinking/Remembering</p> <ul style="list-style-type: none"> Difficulty thinking clearly Difficulty concentrating or remembering Feeling more slowed down Feeling sluggish, hazy, foggy, or groggy <p>Physical</p> <ul style="list-style-type: none"> Headache or "pressure" in head Nausea or vomiting Balance problems or dizziness Fatigue or feeling tired Blurry or double vision Sensitivity to light or noise Numbness or tingling Does not "feel right" 	<p>Emotional</p> <ul style="list-style-type: none"> Irritable Sad More emotional than usual Nervous <p>Sleep*</p> <ul style="list-style-type: none"> Drowsy Sleeps less than usual Sleeps more than usual Has trouble falling asleep <p><small>* Only ask about sleep symptoms if the injury occurred on a prior day</small></p>
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Information provided by U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC)

We acknowledge we have received and reviewed information provided by our school on the risk and recognition of concussions in student-athletes. We also understand review of current information on concussions shall take place annually in order to participate in Henrico County Public Schools athletic activities.

_____ **Printed Student's Name/Grade** _____ **Student's Signature/Date**

_____ **School** _____ **Parent's/Guardian's Signature/Date**