**Concussion Education & Acknowledgment Form**

* **Concussion signs & symptoms**

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| **Signs of Concussion** | **Symptoms of Concussion** |
| Appears ***dazed*** or ***stunned*** | ***Headache*** or ***pressure*** in the head |
| Appears ***confused*** about assignment or position | ***Nausea***or***vomiting*** |
| ***Forgets*** plays | ***Balance*** problems or ***dizziness*** |
| ***Unsure*** of ***game*, *score*** or ***opponent*** | ***Double*** or ***blurry*** vision |
| ***Loses*** consciousness (even briefly) | ***Sensitivity*** to light or noise |
| Shows ***behavior*** or ***personality changes*** | Concentration or ***memory*** problems |
| ***Can't recall*** events ***prior to*** or ***after*** the ***hit*** or ***fall*** | Feeling ***sluggish*, *hazy*, *foggy*** or ***groggy*** |

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**Original text**

**Contribute a better translation**

**loading**

* **What coaches should do when a concussion is suspected**
1. Remove the athlete from play
2. Inform the athlete's parents or guardians of the possible concussion
3. Ensure the athlete is evaluated immediately by an appropriate health care professional.
4. Only allow the athlete to return to participation after he or she is cleared by an appropriate health care professional and institute your league's return-to-play action plan.
* **EYFCA Return-to-Play Action Plan**

Baseline: Athletes should not have ANY concussion symptoms. Athletes should only progress to the next level of exertion if they DO NOT have ANY symptoms at the current step.

Step 1: Begin with light aerobic exercise only to increase the athlete’s heart rate. Ex. 5-10 minutes on exercise bike, walking or light jogging. No weight lifting.

Step 2: Continue with activities to increase an athlete’s heart rate with body or head movement. Ex. Moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting at reduced time and/or reduced weight from typical routine.

Step 3: Add heavy NON-contact physical activity. Ex. Sprinting/running, high-intensity stationary biking, regular weightlifting routine, NON-contact sport-specific drills (in 3 planes of movement)

Step 4: Athlete may return to practice and full contact in CONTROLLED practice

Step 5: Athlete may return to competition

\*If an athlete’s symptoms come base or they get new symptoms when becoming for active at ANY stop. The athlete should stop these activities and health care provider should be contacted. After more rest and no concussion systems, the athlete should begin at the previous stop.

* Eudora Youth Football and Cheer is committed to USA Football Head-up safety guidelines to make football a safer game for our youth athletes. This requires education and cooperation by coaches, parents and players By signing below, I acknowledge the following:
* I have received and understand the EYFCA/USA Heads-Up football information about concussion/head injuries.
* I am aware that EYFCA coaches are NOT health care providers and the player will need physician clearance before they can begin the return-to-play action plan process.

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Player Name (printed) Age/Team Division

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Parent/Guardian Name (printed) Parent/Guardian Signature Date