

Concussion and Head Injury Information

Wis. Stat. § 118.293 Concussion and Head Injury

What Is a Concussion? A concussion is a type of head (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. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly. Consequences of severe brain injury (including concussion) include problems with thinking, memory, learning, coordination, balance, speech, hearing, vision, and emotional changes.

What are the signs and symptoms of a concussion? You cannot see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you as an athlete or your child or teen is acting or feeling, if symptoms are getting worse, or if you/they just "don't feel right." Most concussions occur without loss of consciousness.

If the child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

These are some SIGNS of concussion (what others can see in an injured athlete):

- Dazed or stunned appearance
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior or personality changes
- Loss of consciousness (even briefly)
- Repeats questions
- Forgets class schedule or assignments

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it is OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

- Headache
- Nausea or vomiting
- Dizzy or unsteady
- Sensitive to light or noise or blurry vision
- Difficulty thinking clearly, concentrating, or remembering
- Irritable, sad, or feeling more emotional than usual
- Sleeps *more* or *less* than usual

If you or your child or teen has signs or symptoms of a concussion

Seek medical attention right away. A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe to return to normal activities, including physical activity and school (concentration and learning activities).

After a concussion, the brain needs time to heal. Activities may need to be limited while recovering. This includes exercise and activities that involve a lot of concentration.

Information adapted from the Centers for Disease Control and Prevention's (CDC) Heads Up Safe Brain. Stronger Future.

For more information view the CDC's Heads Up to Youth Sports webpages for athletes, parents, and coaches.



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is an easy procedure to do, can be performed in many health care offices and it may detect heart conditions in children with no symptoms. **ECGs are good at detecting certain heart conditions that may increase risk for SCA but may not detect all such conditions.** If not performed correctly the information is not valid and may lead to more (unnecessary) testing and further examinations. ECGs should be interpreted by experts in reading ECGs in children (i.e., pediatric cardiologists). For more information, [view the Johns Hopkins Medicine - Electrocardiogram website.](#)

How may a student athlete and parent/guardian request the administration of an electrocardiogram and a comprehensive physical examination? Athletes participating in WIAA sports are required to have a physical examination and review of family history every other year. Other youth sports have similar requirements. Although the cost of these medical examinations is the responsibility of the athlete's family many school districts can assist students to find low cost or no cost ways to obtain these examinations. Athletes should contact their school athletic director if they need assistance in getting an examination. If an athlete has risk factors, family history of heart disease, or has had warning signs associated with sudden cardiac arrest while exercising, they should tell the medical provider performing the history and physical examination and discuss the possible need for an electrocardiogram.



ATHLETE AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Athlete Agreement:

I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play.

I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

Athlete Signature

Date _____

PARENT AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

Parent Agreement:

I, _____ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.

I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Parent/Guardian Signature

Date _____