

Athlete _____
 Sport _____ Date of injury _____
 Parent/guardian: _____ Phone _____



Notification of Suspected Concussion/Head Injuries & Returned to Play Requirements

Dear parents:
 It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, other serious brain injuries). Please be sure to see your doctor as soon as possible for any other medical concerns.
 Based on the incident/participant injury form submitted, we suspect that your son/daughter may have sustained a concussion while participating in one of Frederick County Parks and Recreation programs.
 When a child sustains a suspected concussion or other head injury and has been removed from play, Frederick County Parks and Recreation’s policy prohibits the child’s return to play until the child has obtained written clearance from a licensed healthcare provider trained in the evaluation and management of concussions. Please be advised that your son/daughter will not be allowed to return to play or participate in Frederick County sports programs until he/she provides a copy of the written clearance from an authorized healthcare provider.
 It is your responsibility as a parent to notify the appropriate representative for all other sports programs in which your child participates of this notification of suspected concussion or other head injuries. The failure of a parent or guardian to abide by the written clearance forms may be subject for disqualification of the child for future sports programs.

Description of incident/injury: _____

When to seek care urgently: if you observe any of the following signs, call your doctor or go to your emergency department immediately.

| | | |
|-------------------------|------------------------------------|----------------------------------|
| Headaches worsen | Very drowsy, and can’t be awakened | Can’t recognize people or places |
| Seizures | Repeated vomiting | Increasing confusion |
| Neck pain | Slurred speech | Weakness/numbness in arms/legs |
| Unusual behavior change | Significant irritability | Less responsive than usual |

Common signs and symptoms: It is common for a player with a concussion to have one or many symptoms.

| Physical | | Cognitive | Emotional | Sleep |
|------------------|----------------------------|--------------------------|----------------|--------------------------|
| Headache | Visual problems | Feeling mentally foggy | Irritability | Drowsiness |
| Nausea/vomiting | Fatigue/feeling tired | Feeling slowed down | Sadness | Sleeping less than usual |
| Dizziness | Sensitivity to light/noise | Difficulty remembering | More emotional | Sleeping more than usual |
| Balance problems | Numbness/tingling | Difficulty concentrating | Nervousness | Trouble falling asleep |

Medical Clearance for Return to Athletic Participation
 To be completed by an Authorized Healthcare Provider (AHCP)
 (Physician, Nurse Practitioner, Physician’s Assistant, Neuropsychologist)

The above named student athlete sustained a suspected concussion or other head injury during practice or game. The purpose of this form is to provide medical clearance before turning to sports participation, as required by Frederick County Parks and Recreation policy. **I certify that: I’m aware of the current medical standards for evaluating and management of concussions and other head injuries. I’ve examined the above-named child and he/she is cleared to return to play.**

Did the athlete sustained a concussion? Yes No

Health Care Provider Name: _____

Signature: _____ Date: _____