

Modoc Joint Unified School District Athletics

Your Son/Daughter received a blow to the head today in practice/game. The following information is for their health and safety. Quite often after a blow to the head, signs and symptoms of a head injury do not appear immediately after trauma, but appear hours after the injury itself. The purpose of this fact sheet is to alert you to the symptoms of significant head injuries, symptoms that my occur several hours after the student has left school.

Symptoms after a head injury may include, but are not limited to:

- Difficulty remembering recent events or meaningful facts
- Severe headache, particularly at a specific location
- Bleeding or clear fluid from the ears or nose
- Nausea or vomiting
- Weakness or inability to move one or more limbs
- Loss of appetite
- Persistent ringing in the ears
- Slurring of speech
- Initial improvement followed by worsening symptoms
- Difficulty concentrating or making decisions
- Stiffening of the neck
- Mental confusion, strangeness or irritability
- Dizziness, poor balance, unsteadiness, or clumsiness
- Abnormal drowsiness, sleepiness or loss of consciousness
- Convulsions or seizures
- Blurred vision, double vision or trouble focusing
- Unusual or bizarre behavior
- Unequal pupils, dilated, unequal in size or non-reactive to light changes

The appearance of any of the above symptoms may signify that your son/daughter has a significant head injury that requires immediate medical attention. **If any of these symptoms do appear, report to the nearest Emergency Room or call 911.** Do not give any pain relievers (they may hide the symptoms) or allow your son/daughter to go into a deep sleep for the next 24 hours. Wake up your son/daughter every two (2) hours and ask several simple questions to check on the well-being.

This student athlete MUST receive a signed and stamped complete medical release, without restrictions, from a medical doctor before they will be allowed to return to practice and games. Please attach the medical release to this form or have the medical doctor sign and check the "Full Release Without Restrictions," below. If the medical doctor has any restrictions for the student-athlete, he/she will not be allowed to return to practice and games (please attach those restrictions to this form and/or have the medical doctor complete an ACE Plan and attach that to this form). A parent/guardian signature on this form is also required in order for the student-athlete to be allowed to return to practice and games.

Athlete's Name: _____ Date/Time: _____

Sent home by: _____ Released to: _____

Medical Doctor Release

Full Release Without Restrictions: _____ No Release (see attached restrictions): _____

Medical Doctor's Signature: _____ Date: _____

Parent/Guardian Release

(Your signature below indicates you have authorized a full release without restrictions)

Parent/Guardian Signature: _____ Date: _____