USA Gymnastics

SPORTS CONCUSSION INFORMATION

Athlete Information
Name: ____________________________________________ DOB: __________ Date/Time of Injury: ____________________

Describe how injury occurred:
________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________

Witnesses: ________________________________________________________________________________________________

Immediate Actions Taken: ___________________________________________________________________________________

Parent/Guardian/Caregiver Notified
Name: ____________________________________________ Phone Number: __________________________

Method of Contact: □ In Person □ Phone Call Date/Time of Notification: ____________________

Reporting Party/Medical Provider
Name: ________________________________________________________________________________________________

Red Flags Include

<table>
<thead>
<tr>
<th>Headache</th>
<th>Weakness or numbness in the arms and/or legs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeated vomiting</td>
<td>Difficulty talking (i.e. slurred speech)</td>
</tr>
<tr>
<td>Worsening memory loss</td>
<td>Neck pain</td>
</tr>
<tr>
<td>Change in vision (i.e. double vision or difficulty seeing)</td>
<td>Seizure</td>
</tr>
<tr>
<td>Difficulty staying awake or conscious</td>
<td></td>
</tr>
</tbody>
</table>

* Please call 911 for any other concerning symptoms not listed above

In most cases, the athlete will need to

• REST
  - Minimize mental activity by avoiding screen time (phones, tablets, TV, video games, school work)
  - No physical activity until evaluated and cleared by a medical professional
  - Avoid social gatherings, loud noises & bright lights
  - There is no need to wake the athlete to check on them (unless specifically instructed by a medical professional)

• LIMIT MEDICATIONS
  - Avoid NSAIDs (i.e. Ibuprofen, Advil, Aspirin or any other anti-inflammatory medications)
  - Avoid taking any medications to help the athlete sleep
  - If you take prescription medications, discuss with your doctor if these should be continued while you recover

• EAT A HEALTHY, WELL-BALANCED DIET & STAY HYDRATED

It is important the athlete does NOT

• Drive a car
• Take part in physical or mental activity
• Drink alcohol
• Take medication for specific concussion symptoms (unless specifically instructed by a medical provider)

If no red flags are present, a request for a medical consultation with a qualified physician should be made within the next 24 hours. The physician's office will determine how soon they wish to see the athlete in the office for assessment.

By signing below, I agree I have reviewed this document & understand my responsibilities as a caregiver.

Signature of Parent/Guardian/Caregiver: _____________________________ Date ____________________

Signature of Reporting Party/Medical Provider: _____________________________ Date ____________________

Please contact your child's medical provider if you have any further questions or concerns about your athlete.