



### Possible Concussion Notification

Today, \_\_\_\_\_, 2\_\_\_\_, at the \_\_\_\_\_, \_\_\_\_\_ received a possible concussion during practice or competition. The Kearney Basketball Club wants to make you aware of this possibility and symptoms that may arise which may require further evaluation and/or treatment.

If your daughter or son starts to show signs of these symptoms, or there any other symptoms you notice about the behavior or conduct of your son or daughter, you should consider seeking immediate medical attention:

- Memory difficulties
- Neck pain
- Delicate to light or noise
- Headaches
- Odd behavior
- Repeats the same answer or question
- Vomiting
- Fatigued
- Irregular sleep - Slow reactions patterns
- Focus issues

Please take the necessary precautions and seek a professional medical opinion before allowing your daughter or son to participate further. Until a professional medical opinion is provided, please use the following guidelines:

- Refraining from participation in any activities.
- Refraining from taking any medicine unless (1) current medicine, prescribed or authorized, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a licensed health care professional.

If you are unclear and have questions about the above symptoms, please contact a licensed health care professional. **Please be advised that a player who suffers a concussion may not return to play until there is provided a signed clearance from a licensed medical doctor who specializes in concussion treatment and management and written and signed clearance from the athlete's parents/legal guardians.**

Injury Report -

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Signs and symptoms that were noted: \_\_\_\_\_

\_\_\_\_\_

Actions taken to treat the athlete: \_\_\_\_\_

\_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team OfficialSignature: \_\_\_\_\_ Date: \_\_\_\_\_

*By inserting my name and date as parent/legal guardian and returning this Form electronically, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form. Please return to the appropriate Kearney Basketball Club Official.*