Coach's Emergency Card OFFICE USE ONLY Last Physical Tetanus Nurse Clearance Sport(s): Student's Name Grade Home Address Birthdate Parent/Guardian Name Home Phone Cell Phone Work Phone **Email** In an emergency, if the above parent/guardian cannot be reached, notify: Pref. Phone Name Alt. Phone Name Pref. Phone Alt. Phone Doctor Phone Dentist Phone Health Insurance Preferred Hospital Medical Concerns **Medical Allergies** Certification by Parent or Guardian In the event I cannot be reached, I hereby give permission for my child _ to receive whatever medical attention deemed necessary for any injury while he/she is participating in the Brown School Athletic Program. I also understand that should my child's lenses (contacts/glasses) become displaced or damaged, I am responsible for replacement. ___ Date ___ Parent/Guardian Signature_ Coach's Emergency Card OFFICE USE ONLY Last Physical Tetanus Nurse Clearance Sport(s): Student's Name Grade F Home Address Birthdate Parent/Guardian Name Home Phone Cell Phone Work Phone **Email** In an emergency, if the above parent/guardian cannot be reached, notify: Pref. Phone Name Alt. Phone Name Pref. Phone Alt. Phone Phone Phone Doctor Dentist Health Insurance Preferred Hospital Medical Concerns **Medical Allergies** Certification by Parent or Guardian In the event I cannot be reached, I hereby give permission for my child _ to receive whatever medical attention deemed necessary for any injury while he/she is participating in the Brown School Athletic Program. I also understand that should my child's lenses (contacts/glasses) become displaced or damaged, I am responsible for replacement.

Date ____

Parent/Guardian Signature_

Concussion: Early Signs

Reported by Athlete **Observed** by Coaching Staff ☐ Headache or head pressure □ Athlete appears dazed or confused □ Nausea ☐ Is confused about assignment ☐ Balance problems or dizziness ☐ Forgets plays or events prior/after hit ☐ Sensitive or light or noise ☐ Unsure of game, score or opponent ☐ Feels sluggish or foggy or groggy or confused ☐ Moves clumsily or answers questions slowly ☐ Concentration or memory problems □ Behavior or personality changes If Coaching Staff Suspects a Concussion: 1. Remove athlete from play immediately. If student has any signs or symptoms, they should not return to play. 2. Ensure athlete is immediately evaluated by a health care professional. Don't try to judge the seriousness yourself. 3. Notify athlete's parents about the possible concussion. Give them a concussion fact sheet. Be sure they know athlete should be seen by health care professional experienced in evaluating concussions. 4. Permit athlete to return for play ONLY if symptom-free at least 24 hours and has been evaluated and cleared by a licensed physician. When in doubt, take them out!

Concussion: Early Signs

Reported by Athlete Observed by Coaching Staff ☐ Headache or head pressure ☐ Nausea ☐ Is confused about assignment ☐ Balance problems or dizziness ☐ Forgets plays or events prior/after hit ☐ Sensitive or light or noise ☐ Unsure of game, score or opponent ☐ Feels sluggish or foggy or groggy or confused ☐ Concentration or memory problems ☐ Behavior or personality changes

If Coaching Staff Suspects a Concussion:

- 1. Remove athlete from play immediately. If student has any signs or symptoms, they should not return to play.
- 2. Ensure athlete is <u>immediately evaluated by a health care professional</u>. Don't try to judge the seriousness yourself.
- 3. <u>Notify athlete's parents about the possible concussion</u>. Give them a concussion fact sheet. Be sure they know athlete should be seen by health care professional experienced in evaluating concussions.
- 4. Permit athlete to return for play *ONLY* if symptom-free at least 24 hours and has been evaluated and cleared by a licensed physician.

When in doubt, take them out!