



Informed Consent about Concussions and Head Injuries

Effective June 28, 2011, Louisiana Statute 40:1299.181-185 (Louisiana Youth Concussion Act) requires as a condition of participation in any athletic activities that the parent or guardian and the youth athlete who is participating to sign and return a concussion information sheet that explains the nature and risk of concussion and head injury (including the risks of continuing to play after a concussion or head injury) and which includes notice of the Louisiana statutory requirements which must be satisfied in order for an athlete suspected of having a concussion or head injury to return to play. **Just a reminder that this statute applies to all soccer activities including, but not limited to, practices, friendlies, invitational tournaments, State Select Team activities (ODP), and all State tournaments.**

What is a concussion? A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head. **MOST** concussions occur without the loss of consciousness.

Signs and symptoms of concussion can show up right away after the injury or may not appear until days or weeks after the injury. To help recognize a concussion, you should watch for the following signs among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head
2. Any change in the athlete’s mood, behavior, thinking, or physical functioning
3. Signs or symptoms of concussion that may be reported by a coach or other observer:
 - a. Appears dazed or stunned
 - b. Is confused about assignment or position
 - c. Forgets an instruction
 - d. Is unsure of game, score or opponent
 - e. Moves clumsily
 - f. Answers questions slowly
 - g. Loses consciousness (even briefly)
 - h. Can’t recall events prior to hit or fall
 - i. Can’t recall events after hit or fall
4. Signs and symptoms that may be reported by the player:
 - a. Headache or “pressure” in the head
 - b. Nausea or vomiting
 - c. Balance problems or dizziness
 - d. Double or blurry vision
 - e. Sensitivity to light
 - f. Sensitivity to noise
 - g. Feeling sluggish, hazy, foggy, or groggy
 - h. Concentration or memory problems
 - i. Confusion
 - j. Just does not “feel right”

Risks of Continuing to Play with a Concussion – If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing he/she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover and the likelihood of having

long-term problems. In rare cases, repeat concussions in young athletes can result in brain swelling, permanent brain damage or even death.

Both parents/guardians and players are advised to review the Center for Disease Control's free online concussion materials [HERE](http://www.cdc.gov/concussion/HeadsUp/youth.html) - <http://www.cdc.gov/concussion/HeadsUp/youth.html>.

Under Louisiana law, the player who has a suspected concussion or head injury must be removed from play or practice and the athlete's parent or guardian must be notified. The player may not return to practice or competition/games (i.e., any supervised team activities involving physical exertion) until he/she is evaluated by a health care provider and receives written medical clearance for a full or graduated return to play. In Louisiana, an appropriate health care provider is defined as a physician (M.D. or Doctor of Osteopathic medicine (D.O.) as defined in Louisiana Statute 37:1262(2)); a licensed nurse practitioner; licensed physician assistant; or a licensed psychologist that has received training in neuropsychology or concussion evaluation and management.

I have read and understand this consent form, and I volunteer to participate.

Player Name _____

Signature _____ Date: _____

As a parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name _____

Signature _____ Date: _____