

NBYL SUSPECTED HEAD INJURY / CONCUSSION NOTIFICATION

Date: _____ Dear _____:

Your son appeared to have sustained a head injury, perhaps even a concussion, while participating in the Northampton Boys Youth Lacrosse program.

A description of the event is as follows:

Tonight's home instructions should include:

- Close observation: he should never be left alone for the first 24 hours after the injury.
- He should be awakened every 4-6 hours in the evening to establish arousability and alertness.
- Keep athlete calm, laying down, and quiet. Excessive TV, computer use and text messaging should be avoided.
- NO aspirin or other pain medication should be taken without doctor's approval
- Please pay close attention for the development of these signs or symptoms (**those already experienced are circled**):

Worsening headache

"Ringing in the ears"

Vomiting or nausea

Decrease in responsiveness (i.e. delayed answering of questions)

Memory loss/disorientation

Increased drowsiness

Unconsciousness

Convulsions

Increase in balance problems or difficulty walking

Visual Problems (i.e. blurred, spots, stars, blacking out)

Sensitivity to light

Slurring of speech

Unequal pupils

Any other conditions that are not considered "normal"

IF ANY OF THESE CONDITIONS ARISE, PLEASE SEEK MEDICAL ATTENTION IMMEDIATELY!! [] If this box is checked, a Physician's note is required for return to play.

[] If this box is checked, the athlete lost consciousness and EMS was called.

_____ Parents Notified: **Y / N**,

MD note received: **Y / N**

Return to play date: _____ Additional Comments:

Coaches name _____ Level: **Bantam – Jr. – Sr.**