

## MYL SUSPECTED HEAD INJURY / CONCUSSION NOTIFICATION

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Your son/daughter appeared to have sustained a head injury, perhaps even a concussion, while participating in the Avon Youth Lacrosse program. A description of the event is as follows:

**Tonight's home instructions should include:**

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

Worsening headache	"Ringing in the ears"
Unconsciousness	Sensitivity to light
Convulsions	Unequal pupils
Memory loss/disorientation	Vomiting or nausea
Increased drowsiness	Increase in balance problems or difficulty walking
Decrease in responsiveness (i.e. delayed answering questions)	Visual problems (i.e. blurred, spots, starts, blacking out)
Slurring of speech	Any other conditions 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:

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Coach's name \_\_\_\_\_ Level: **DV - Bantam - Jr. - Senior**