STUDENT-ATHLETE CONCUSSION FORM

OMAHA PUBLIC SCHOOLS– SECONDARY EDUCATION

ATHLETE’S NAME_______________________________________________ DOB:______________________
TODAY’S DATE_____________________________ INJURY DATE:_____________________
CURRENT SPORT:___________________________ SCHOOL:_____________________________

PREVIOUS HEAD INJURY?  YES/NO
CURRENT INCIDENT________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

SIGNS OBSERVED BY ATC/COACH
◇ DAZED/CONFUSED
◇ LACK OF COORDINATION
◇ POOR REACTION TIME
◇ LOSS OF CONSCIOUSNESS
◇ RETROGRADE AMNESIA
◇ PUPILS EQUAL AND REACTIVE TO LIGHT
◇ NYSTAGMUS
◇ SENSITIVE TO LIGHT/NOISE
◇ VOMITING

SYMPTOMS REPORTED BY ATHLETE
◇ HEADACHE
◇ DIZZINESS/ BALANCE PROBLEMS
◇ NAUSEA
◇ FATIGUE
◇ FEELING FOGGY
◇ FEELING SLUGGISH
◇ SENSITIVE TO LIGHT/NOISE
◇ MEMORY/CONCENTRATION ISSUES
◇ VISION PROBLEMS

OPS ATHLETIC TRAINER
__________________________
DATE:_____________________
CONTACT PHONE:

PHYSICIAN/LICENSED HEALTH CARE PROVIDER REPORT

CONCUSSION DIAGNOSIS?  YES/NO
RECOMMENDATIONS:

FOLLOW UP APPOINTMENT______________________________

PHYSICIAN/APPROVED HEALTH CARE PROVIDER SIGNATURE:

OFFICE NAME & PHONE:

IF ATHLETE IS SEEN BY A PHYSICIAN/HEALTH CARE PROVIDER THIS SECTION MUST BE FILLED OUT AND RETURN TO

ATHLETIC TRAINER

*The athlete MUST follow up with their school’s athletic trainer daily. The athlete will be restricted from participating until cleared by a licensed health care provider and a return to sport protocol has been completed with the athletic trainer.
GUIDELINES FOR HOME CONCUSSION MANAGEMENT

ATHLETE MUST CHECK IN EVERY DAY WITH THE SCHOOLS NURSE & ATHLETIC TRAINER FOLLOWING CONCUSSION

PLEASE REPORT TO EMERGENCY ROOM IF ATHLETE:

- HEADACHE INTENSIVIES
- HAS A SEIZURE
- LOOKS VERY DROWSY AND CAN’T BE AWAKENED
- VOMITS
- SLURRED SPEECH
- INCREASING CONFUSION
- WEAKNESS OR NUMBNESS IN LIMBS
- UNUSUAL BEHAVIOR
- LOSS OF CONSCIOUSNESS

CONCUSSION INJURY ADVICE

- Recommended student-athlete have rest with NO interruptions
- Student may need cognitive rest (no school) 24-48 hours post concussion
  - Driving vehicle is NOT advised until symptoms improve
  - Avoid prescription drugs (except daily prescribed)
- Avoid taking aspirin or ibuprofen: these medications may thin blood
  - It is OKAY to use acetaminophen (Tylenol) for headaches

PARENT/GUARDIAN NOTIFIED OF STUDENT AHLETES INJURY:

YES/NO: CONTACT COULD NOT BE MADE/LEFT MESSAGE

PARENT/GUARDIAN CONTACTED:_____________________________________________________

DATE:_____________________________________
TIME______________________________________

Parent/guardian release to participate: I have been informed of the student-athlete’s condition and understand that they have suffered a concussion. I hereby grant the student-athlete permission to return to participate in sports in accordance with the progression steps outlined by school’s athletic trainer.

Signature of parent/guardian:_____________________________________________________

Date:_____________________________________

FOR ATHLETIC TRAINER OFFICE USE:

ATHLETE HAS COMPLETED FULL PROGRESSION WITH ATC DATE/TIME:_____________________________________

SIGNATURE:_____________________________________________________

DATE:_____________________________________