

# TCNJ Concussion Information and Agreement Form

## **What is a concussion?**

A concussion is a brain injury that

- Is caused by a blow to the head or body
- Can change the way our brain normally works
- Presents itself differently for each athlete
- Can occur during practice or competition in any sport or outside of sport
- Can happen even if you do not lose consciousness

## **What is second impact syndrome?**

- Second impact syndrome is a rare condition in which a second concussion occurs before a first concussion has properly healed
- Causes rapid and severe brain swelling and often catastrophic results
- In many cases, second impact syndrome is fatal. In those cases where it is not fatal, you can expect long term effects due to traumatic brain injury
- A second impact causing the second concussion does not have to be severe to cause this fatal condition

## **You can help prevent concussions by:**

- Not initiating contact with your head
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head can all cause concussions.
- Practicing good sportsmanship at all times

## **Symptoms of a concussion include the following, but are not limited to:**

Amnesia	Sensitivity to light or noise
Confusion	Nausea (feeling that you might vomit)
Headache	Feeling sluggish, foggy or groggy
Loss of consciousness	Feeling unusually irritable
Balance problems or dizziness	Concentration or memory problems
Double or fuzzy vision	Slowed reaction time

My initials in each of the blanks, below, indicate that I have read and understood each of the following statements:

\_\_\_\_\_ A concussion is a brain injury that can affect your ability to perform everyday activities, your reaction time, balance, sleep, and classroom performance.

\_\_\_\_\_ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_\_ If I suspect myself or a teammate has a concussion, I am responsible for reporting the injury to a Department of Recreation and Wellness staff member, Lions EMS, or other trained medical staff on site.

\_\_\_\_\_ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms. In addition, I will refrain from participating in club activities for a duration of at least 24 hours.

\_\_\_\_\_ Following a concussion, the brain needs time to heal. You are much more likely to have a repeat concussion, if you return to play before your symptoms resolve.

\_\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage and even death.

\_\_\_\_\_ I understand that although certified helmets meeting a standard for helping to prevent catastrophic injuries may be used in my sport, they do not prevent cerebral concussions. I should wear a helmet at all times during participation if my sport requires it.

\_\_\_\_\_ It is recommended that the student seek medical clearance for any concussion or head injury sustained during club practice or game. This can include clearance from a personal physician or TCNJ Health Services

I have read and fully understand the facts presented about concussions.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver. If I am under the age of 18, my legal guardian will also sign this form.

_____	_____	_____
Participant's Printed Name	Participant's Signature	Date

Parent/Guardian Signature (if under 18 years of age)

_____	_____	_____
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date