Head Injury / Concussion Parent Notification



Assistant Athletic Trainer

jmarkbreiter@shcp.edu

(415) 775-6626 ext. 648 office

Athlete	e	Date of injury	Sport	_	
Your s	on/daughter has sustained a head	l injury while participa	ting in In	1	
			ous until several hours or even days		
	ne injury. Please be especially obs				
I.	Headache (especially one that		Seizure activity, convulsions, or		
	increases in intensity*)		tremors*		
2.	Nausea and vomiting*	8.	Decreased or irregular pulse OR		
3.	Difference in pupil size from rig	ght to	respiration*		
	left eye, dilated pupils*	9.	Stiffness of the neck		
4.	Blurry or double vision*	10.	Mental confusion/behavior changes		
5.	Slurred speech*	II.	Dizziness		
6.	Noticeable changes in the level	of 12.	Memory loss		
	consciousness (difficulty awake	ning, 13.	Ringing in the ears		
	or losing consciousness sudden		Changes in gait or balance		
* S	* Seek medical attention at the nearest emergency department.				
	rn at all about the symptoms you k medical attention at the closest		your family physician for instructions t.		
to retu manda	ne must submit <u>written clearand</u> Irn to practices and games. Onc <u>atory graduated</u> return to play p Ission Return to Play Protocol.	e cleared by a physicia			
	remind your child to check in we returns to school.	vith the Athletic Train	ners at lunch time on the first day		
Recom	nmendations provided by:				
		o	n		
	Athletic Tr	ainer	Date		
			ate to contact the athletic trainers.		

Enter to Learn, Leave to Serve

Director of Sports Medicine / Head Athletic Trainer

(415) 775-6626 ext. 788 office

omelero@shcp.edu