

Post Concussion Instructions to Parents/Guardian/Roommate
Athletic Training Program
Department of Athletics
Weber State University

Athlete's Name _____ Date of injury _____ Sport _____

ATC's Name _____ ATC's Phone Number _____

Your son/daughter/roommate has sustained a head injury while participating in _____.
In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs and symptoms.

1. Headache (especially one that increases in intensity*)
2. Nausea and vomiting*
3. Difference in pupil size from right to left eye, dilated pupils*
4. Mental confusion/behavior changes
5. Dizziness
6. Memory loss
7. Ringing in the ears
8. Changes in gait or balance
9. Blurry or double vision*
10. Slurred speech*
11. Noticeable changes in the level of consciousness (difficulty awakening, or losing consciousness suddenly)*
12. Seizure activity*
13. Decreased or irregular pulse OR respiration*

* **Seek medical attention at the nearest emergency department.**

The best guideline is to ***note symptoms that worsen***, and behaviors that seem to represent a change in your son/daughter/roommate. If you have any questions or concerns at all about the symptoms you are observing, contact the ATC at the top of this form, or seek medical attention at the closest emergency department. Otherwise, you can follow the instructions outlined below.

It is OK to:

- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head & neck as needed for comfort
- Eat a light diet
- Go to sleep
- Rest (no strenuous activity or sports)

There is NO need to:

- Check eyes with a flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

Do NOT:

- Drink alcohol
- Drive while symptomatic
- Exercise or lift weights
- Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications

It is very important that your son/daughter/roommate report to the ATC/Physician on the

following date ___/___/___ and time _____ at the following location _____

Recommendations provided to: _____ Phone #: _____

Recommendations provided by: _____ Phone #: _____

Date: _____ Time: _____