

Student-Athlete	
Date of injury	
Sport	
Parent/guardian name	
Home Phone	

K.Y.	ASSOCIA		Home Phone			
1	ASSO					
		Notifica	tion of Probable Head	Injury		
Dear Parent:						
			scribed below, we believe g inimportant that you seek a			
	s, more seriou		he head can cause a variouries). Please be sure to s			
Description of Ir	ncident/ Inju	ry:				
		-				
emergency departn	nent <u>immediate</u>	ely.	observe <u>any</u> of the followi	ing signs, call your o	loctor or go to your	
Headaches that worsen		Very drowsy, can't be awakened		Can't recognize people or places		
Seizures Re		Repeated vomiting		Increasing confusion		
Neck pain S		Slurred speech		Weakness/numbness in arms/legs		
Unusual behavior change Sig		Significant	irritability	Less responsive than usual		
Common Signs	& Sympton	ms. It is cor	nmon for a student with a			
	Physical		Cognitive	Emotional	Sleep	
Headache	Visual Problems		Feeling mentally foggy	Irritability	Drowsiness	
Nausea/Vomiting	Fatigue/ Feeling tired		Feeling slowed down	Sadness	Sleeping less than usual	
Dizziness	Sensitivity to light/ noise		Difficulty remembering	More emotional	Sleeping more than usua	
Balance Problems	Numbness/Tin	ngling	Difficulty concentrating	Nervousness	Trouble falling asleep	
Please feel free to o	contact me if y	ou have any	questions. I can be reach	ed at:		
Employee Name and Title		Date				
TO BE COMPLE	TED BY THI	E <u>AUTHOR</u>	RIZED HEALTH CARE	PROVIDER:		
					_	

Name: Signature Date:

Diagnosis: Please be advised that your son/daughter will not be allowed to return to play until they have no symptoms

and have been cleared in writing by an authorized health care provider (physician, neuropsychologist, nurse practitioner, physician's assistant) for this type of injury.