

OKLAHOMA PANHANDLE STATE UNIVERSITY

Concussion Disclosure Acknowledgement Waiver

The Oklahoma Panhandle State University Athletic Training Department has a responsibility to educate its student-athletes of the signs and symptoms of mild traumatic brain injuries; otherwise known as concussions. The Athletic Training Staff is trained to recognize those that may present with concussive-type symptoms. However, many concussions can go unreported. It is imperative that those student-athletes who suspect they may be suffering from a concussion, report it to their Certified Athletic Trainer. Below you will find the definition of a concussion and common signs and symptoms:

Definition

A concussion is the most common type of brain injury. It is the result of a direct blow to the head or body causing the head and brain to move quickly back and forth. The injury typically results in impaired neurological function. The brain ceases to function normally and may result in the signs and symptoms listed below. It is important to understand that the signs and symptoms listed below are common for a concussion, but may exist independently of one another;

- *Headache
- *Neck pain
- *Nausea
- *Vomiting
- *Loss of appetite
- *Balance problems/dizziness
- *Drowsiness/fatigue
- *Difficulty sleeping
- *Nervousness/anxiety
- *Continued double vision
- *Altered emotions
- *Ringing in the ears
- *Feeling slowed down
- *Feeling in a "fog"
- *Difficulty concentrating or remembering
- *Confusion/disorientation
- *Blurred vision
- *Sensitivity to light/noise

By signing below, I acknowledge that I have read and understood the information regarding concussions that apply to my particular sport. I acknowledge that I have received the NCAA handout regarding concussions. I know and understand that I should notify the proper athletics healthcare provider when I suspect I may have sustained a concussion. I take full responsibility for notifying if I do think I might have a concussion, and I also take full responsibility for any injuries or other problems that might occur to me or others as a result of a concussion.

Signature of Student-Athlete

Date of Signature

Printed Student-Athlete Name

Date of Signature

Signature of Parent/Legal Guardian
(if student-athlete is under 18 years of age)

Date of Signature