

Date:______Time:_____

Barrington High School Sports Medicine "Home of the Broncos and the Fillies"

"Home of the Broncos and the Fillies" 616 W. Main St. Barrington, IL 60010 Phone: 847-842-3263 Fax: 847-842-3401



Athlete	Date of Injury Sport	
Home Phone	Parent/Guardian name	
injury. Please be especially obs	ed a head injury while participating in _ a concussion do not become obvious unservant for the following signs and symple	
	one that increases in intensity*)	
2. Nausea and Vomiting*		
	e from right to left eye, dilated pupils*	
4. Mental confusion/beha5. Dizziness	ivioi changes	
6. Memory loss		
7. Ringing in the ears		
8. Changes in gait or bala	ince	
9. Blurry or double vision		
10. Slurred speech*		
11. Noticeable changes in suddenly)*	the level of consciousness (difficulty av	vakening, or losing consciousness
12. Seizure activity*		
13. Decreased or irregular	pulse OR respiration*	
* Seek medical attention	at the nearest emergency department	t .
son/daughter. If you have any	rmptoms that worsen, and behaviors that questions or concern at all about the syntas, or seek medical attention at the close outlined below.	nptoms you are observing, contact your
It is OK to:	There is no need to:	Do NOT:
• Use acetaminophen	• Check eyes with flashlight	
(Tylenol) for headaches.	Wake up every hour	 Drive while symptomatic
• Use ice pack on head &	 Test reflexes 	 Exercise or lift weights
neck as needed for	 Stay in bed 	 take ibuprofen, aspirin,
comfort		naproxen or other non-steroida
Eat a light diet		anti inflammatory medications.
• Go to sleep		
 Rest (no strenuous activity or sports) 		
nmendations provided to:	Phone #:	
1 .: :1 11	F	Phone #: