

Concussion Agreement – Parent (Guardian) and Athletes

It is important for both Parents and Athletes to understand the signs, symptoms, and consequences of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion.

Parent Agreement:

I _____ have **read** the Concussion Information
(Parent / Guardian's name)

Handout and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek a medical evaluation from an appropriate health care provider if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach or the league.

I understand the possible consequences of my child returning to practice/play too soon. I agree that my child should return to full academic (school) requirements and be able to perform at their pre-concussion levels in school before considering a return to contact sports.

Parent/Guardian's
Signature _____

Date _____

Athlete Agreement:

I, _____ have **read** the Concussion Information
(Student-Athlete's Name)

Handout and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that attending practices may not be possible during my recovery.

I understand that I must be removed from a practice or game if a concussion is suspected. I understand that I must see a doctor (or another health care provider) who can examine me for a concussion and I must get a note or letter from them saying it is safe to return to practice and games. The letter or note must be given to my coach or the league.

I understand the risks of returning to practices or games too soon after a concussion and that my brain needs time to heal. I understand the importance of following a gradual stepwise return to sport.

I agree that I should return to full academic (school) activities and be able to perform at my pre-concussion levels in school before considering a return to contact sports.

Athlete

Signature _____ Date _____