

Concussion Agreement – Recreational Coach

As a Coach, it is important to recognize 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.

Coach's Agreement:

I _____ have **read** the Concussion Information
(Coach'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 any of my players **must be removed from practice/play if a concussion is suspected.**

I understand that it is my responsibility to inform the athlete's parents or guardians about the possible concussion and advise them to seek medical evaluation.

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

I understand the possible consequences of a player returning to practice/play too soon. I understand the importance of adhering to recommendations for a following a gradual stepwise return to sport.

I agree that a concussed student athlete 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.

Coach's
Signature _____ Date _____