

## PARENT/STUDENT-ATHLETE CONCUSSION STATEMENT

\_\_\_\_ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer.

\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my athletic trainer.

\_\_\_\_ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

\_\_\_\_ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my athletic trainer.

\_\_\_\_ I will not return to play in a game or practice if I have received a blow to my head or body that results in concussion-related symptoms.

\_\_\_\_ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even death.

\_\_\_\_ I have read and understand the Concussion Fact Sheet for Parents and Student-Athletes.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Please Print)

Student/Athlete Signature: \_\_\_\_\_ Date \_\_\_\_\_