



CONCUSSION PLEDGE FORM

This pledge form is designed to facilitate communication about concussions between coaches, youth athletes, and their parents.

COACH

I, _____, understand that concussions can be serious injuries. I understand that if not handled properly, concussions may lead to permanent brain injury or death.

*I pledge that if I **RECOGNIZE** signs of concussion in an athlete, or if concern for concussion is brought to my attention by a teammate, coach or athletic trainer, I will **REMOVE** the athlete from play immediately.*

*I pledge to **REPORT** a suspected concussion to the parent/guardian at the earliest convenient time.*

*I pledge to not allow the athlete to play again until they are cleared by a doctor and complete a graduated process (BRAIN protocol). This will help ensure that athlete **RECOVERS** completely before returning to play.*

Signature

Date





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This pledge form is designed to facilitate communication about concussions between coaches, youth athletes, and their parents.

THE COACH HAS PLEDGED TO:

RECOGNIZE the signs | **REMOVE** the athlete from play | **REPORT** to a parent
And ensure that the athlete **RECOVERS** completely before returning to play

STUDENT/ATHLETE

I, _____, understand that concussions are serious injuries. I understand that if not handled properly, concussions may lead to permanent brain injury or death.

*I pledge that if I **RECOGNIZE** symptoms of concussion in myself, or a teammate, I will **REPORT** it immediately to a coach, athletic trainer or parent.*

*I pledge to not play my sport again until I am cleared by a doctor and complete a graduated process (BRAIN protocol). This will help ensure I **RECOVER** completely before returning to play.*

Signature Date

PARENT/GUARDIAN

I, _____, understand that concussions can be serious injuries. I understand that if not handled properly, concussions may lead to permanent brain injury or death.

*I pledge that if I **RECOGNIZE** signs of concussion in my child, I will **REPORT** it to the coach or athletic trainer immediately.*

*I pledge to not allow my child to play again until they are cleared by a doctor and complete a graduated process (BRAIN protocol). This will help ensure that my child **RECOVERS** completely before returning to play.*

Signature Date

