

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

| Student-Athlete initials | | Parent/Legal Guardian initials |
|--------------------------|--|--------------------------------|
| | A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available. | |
| | A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury. | |
| | I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses. | N/A |
| | I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms. | N/A |
| | I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion. | |
| | Most concussions take days or weeks to get better. A more serious concussion can last for months or longer. | |
| | After a bump, blow, or jolt to the head or body, an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting, or a headache that gets worse. | |
| | After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away. | |
| | Sometimes repeat concussion can cause serious and long-lasting problems, and even death. | |
| | I have read the concussion symptoms on the Concussion Information Sheet. | |

* *Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date