

**Interscholastic Sports
Concussion and Traumatic Brain Injury
Statement and Acknowledgement Form**

I, _____ (student), acknowledge that I have an obligation to be an active participant in my own health and that I have the direct responsibility to report to my coaches, team physicians and/or athletic trainers all prior and existing injuries and illnesses that could potentially impact my ability to practice or compete in interscholastic activities. This responsibility includes reporting:

1. Any prior head injury or concussion that I have suffered.
2. Any new head injury or concussion that I suffer.
3. Any prior concussion-related symptoms that I have experienced.
4. Any new concussion-related symptoms that I experience.

I further acknowledge that my physical condition and health may be negatively impacted unless I provide to my coaches, team physicians, and/or athletic trainers accurate and complete medical information about head injuries, concussions, and/or concussion-related symptoms regardless of whether the applicable symptoms were experienced before, during or after an athletic activity.

By signing below, I represent and acknowledge that:

My school has provided me with educational information concerning concussions, including the U.S. Department of Health and Human Services Centers for Disease Control and Prevention ("CDC") Concussion fact sheet, (See <https://www.cdc.gov/headsup/index.html>) and/or any other related materials, documents, and/or sources that are relevant to this subject. The information provided by the school discusses 1) what a concussion is, 2) the symptoms of a concussion, 3) what I should do if I think I may have a concussion, and 4) how I can help prevent a concussion.

I have carefully reviewed the information that was provided and have had an opportunity to ask my coaches, the Athletic Director, my school principal or assistant principal questions concerning the information as well as this form.

I have fully disclosed to my coaches, team physicians and/or athletic trainers any prior injuries and illnesses that could impact my fitness to compete in sports related activities. This includes reporting any prior head injuries or concussions that I have suffered and/or any prior concussion-related symptoms that I have experienced.

I will immediately disclose to my coaches, team physicians, and/or athletic trainers any new injury or illness that could impact my fitness to compete in sports related activities. This includes reporting any new head injury or concussion that I suffer and/or any new concussion-related symptoms that I experience. There is a possibility that my participation in sports activities, including practices as well as games, may result in a head injury or concussion. In rare cases, these conditions can cause permanent brain damage, and even death.

A concussion can affect my ability to perform everyday activities, and can affect my reaction time, balance, sleep, and classroom performance. Some of the symptoms of a concussion may be noticed right away while other symptoms may only show up hours or days after the event that caused the concussion.

If I suspect that I may have suffered a concussion or that I may be experiencing concussion-related symptoms, I will immediately report the matter to my coaches, team physicians and/or athletic trainers.

If I suspect a teammate may have suffered a concussion or may be experiencing concussion-related symptoms, I will immediately report the matter to my coaches, team physicians or athletic trainers.

If I have been removed from play during an athletic activity because of a concern that I may have suffered a concussion or am experiencing concussion-related symptoms, I will not return to the practice or game that same day unless a health care provider rules out a suspected concussion at or very near the time I am removed from play. If I have been removed from play during an athletic activity because of a concern that I may have suffered a concussion or am experiencing concussion-related symptoms, and a concussion was not ruled out by a health care provider at or very near the time I was removed from play, I will not thereafter return to play in a game or practice until I have been evaluated by and have received written clearance to resume participation in athletic activities from a healthcare provider who has been trained in the evaluation and management of concussion and head injuries, as specified by law.

Following a concussion, the brain needs time to heal. I understand that if I receive a concussion, I am much more likely to have a repeat concussion or further damage if I return to play before my symptoms from the initial concussion fully resolve.

I represent and certify that my parent/guardian and I have read this entire document; understand the contents of this document and the consequences of signing it; and agree to be bound by this document.

Parent(s)/Guardian(s) Signature

Date

Student Signature

Date