As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors 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 or head injury.

Parent Agreement:

I _________________________________ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature________________________________________ Date__________________

Athlete Agreement:

I _________________________________ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature________________________________________ Date__________________
Questions and Contact Information

Name__________________________________________ Date________________

Address_____________________________________________________________________________________

City__________________________________________ Zip________________ County________________

Phone________________________________________ Email___________________________________________

Age______ School __________________________ School District________________________

Check all that apply
I participate in:
O Football O Baseball/Softball O Basketball O Hockey
O Soccer  O Golf O Volleyball O Wrestling
O Track & Field O Cross Country O Cheerleading O Skiing/Snowboarding
O Gymnastics O Tennis O Swimming & Diving
O Other________________________________________

Name of Current Team__________________________________________________________

1. Have you ever had a concussion?______, if yes, how many?___________

2. Have you ever experienced concussion symptoms?_____ Did you report them?____

Emergency Contacts:

Name: ____________________________ Relationship: ________________________

Phone Number: ________________________

Name: ____________________________ Relationship: ________________________

Phone Number: ________________________

Please complete this form and return to the person operating the youth athletic activity.