

Parent and Athlete Concussion Agreement

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 “Heads up Concussion in Youth Sports” parent fact sheet 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 play or practice if a concussion is suspected.

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

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

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

Parent/

Guardian

Signature: _____ Date: _____

Athlete Agreement:

I, _____ have read the “Heads up Concussion in Youth Sports” athlete fact sheet 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 play or practice 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 play or practice.

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

Athlete

Signature: _____ Date: _____

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