



Parent/Guardian Student-Athlete Concussion Statement 2.0

___ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.

___ I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:

Parent/Guardian Initial Each Line

___ A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.

___ A concussion can affect my (child's) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

___ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

___ If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.

___ I (My child) will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

___ Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

___ In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student

Date

Printed name of Student

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

