

Return to Athletic Department
no later than August 1st.

Athlete's Name _____

Grade: _____

CONCUSSION ACKNOWLEDGEMENT & SPORTS MEDICINE CONSENT FORM SCHOOL YEAR 2014-15

CONCUSSION STATEMENT OF ACKNOWLEDGEMENT (PAGE 7-9)

Parent Statement

I (please print) _____ have **read** the Concussion Fact Sheet for Parents and Athletes Information and **further acknowledge, agree, and understand** the signs and symptoms of concussion 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 acknowledge, agree, and understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

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

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

Parent/Guardian Signature _____ **Date** _____

Athlete Statement

I (please print) _____ have **read** the Concussion Fact Sheet for Parents and Athletes Information and **acknowledge, agree, and understand** the signs and symptoms of concussion and how it may be caused.

I acknowledge, agree, and understand the importance of reporting a suspected concussion to my coaches, athletic trainer and my parents/guardian.

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

Athlete Signature _____ **Date** _____

SPORTS MEDICINE AUTHORIZATION (PAGE 12-13)

Authorization/consent Form

By signing this form I, parent or guardian of _____ have knowledge, understanding and agreement and hereby authorize the Athletic Trainer to receive appropriate and pertinent medical information that is directly related to my son or daughter's ability to participate in Prairie School Athletics. Further, I authorize the Athletic Trainer to release, on a need to know basis, information to appropriate coaches or the Athletic Director regarding the status of my son's or daughter's current illness or injury that directly affects his/her ongoing participation in athletics.

Signature: _____ **Date** _____

PLEASE SIGN INFORMED CONSENT FORM ON PAGE #1