**WCHSA Concussion Protocol**

**Athlete & Parent Agreement**

**As a parent and as an athlete it is important to recognize the signs and symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs and symptoms, and behavior of a concussion or head injury.

**Athlete Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(athlete name)* have **read** the Concussion and Head Injury information and **understand** what a concussion is and how it may be caused. I certify that I have read and agree to abide by all the information contained in this sheet. I further certify that if I have not understood any information contained in this documents, I have sought and received an explanation of the information prior to signing this statement.

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.

Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Agreement**

I, the parent/ guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussions. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet, I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

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.

Parent/Guardian

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Statement of acknowledging Receipt of Education and Responsibility to report signs and symptoms of*

*concussion to be included as part of the “Participant and Parent Disclosure and Consent Document”*

 *put forth by the WCHSA board.*

**Questions and Contact Information**

Athlete Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_ Grade\_\_\_\_\_\_\_\_

I participate in the following sports: *(check all that apply)*

* Basketball
* Cross Country
* Track
* Ultimate Frisbee
* Volleyball
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed forms to your coach or manager before your first game.**