

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.