

**Central High School
Student-Athlete Concussion Statement**

- I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

- I have read and understand the Concussion Fact Sheet

After reading the Concussion Fact Sheet, I am aware of the following information: (initial each line)

Parent Int. Student Int.

_____	_____	A concussion is a brain injury, which I am responsible for reporting to team physician or athletic trainer.
_____	_____	A concussion can affect my 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 has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
_____	_____	I 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 concussion the brain needs time to heal. You 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.
_____	_____	All athletes diagnosed with a concussion must have written clearance from a licensed physician on the approved LHSAA document before returning to competition.

Student-Athlete Printed Name

Date

Signature of Student-Athlete

Parent/Guardian's Printed Name

Parent/Guardian's Signature