FOR STUDENT ATHLETES ONLY

Student-Athlete Concussion Responsibility Form

I, _____, take responsibility for reporting all injuries and illnesses to the athletic performance staff. I understand that my true physical condition is dependent upon an accurate medical history and full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby confirm that I have fully disclosed all prior medical conditions in writing, and will disclose any future problems that may occur to the athletic performance staff and/or team physician.

I understand that there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have read and understand the NCAA Concussion Fact Sheet provided to me and I understand the importance of immediately reporting symptoms of a head injury/concussion to the athletic performance staff and/or team physician. I have discussed any questions I have regarding concussions and head injuries with the athletic performance staff.

Prior concussion date(s) if applicable _____ _____ _____ _____

After reading the NCAA Concussion Fact Sheet for Student-Athletes, I am aware of the following information:

Initial:

_____ A concussion is a brain injury, which I am responsible for reporting to my athletic trainer.

_____ I am aware that I might notice some of the symptoms of a concussion right away while other symptoms can show up hours or days after the injury.

_____ A concussion can affect my ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance.

_____ I am responsible for truthfully and promptly reporting a concussion and any concussion-related symptoms to my athletic training and/or team physician.

_____ If I suspect a fellow teammate has a concussion, I should promptly report the injury to my athletic trainer or my team physician.

_____ I will not return to play in a competition 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. I am much more likely to have a repeat concussion if I return to play before my symptoms resolve.

_____ I am aware that a concussion constitutes a serious injury, which may result in severe and permanent physical and/or mental impairment, and even death.

By initialing each statement above and signing below, I acknowledge and agree that I have read each statement above, that I understand each of the statements above, and that I acknowledge and agree to them freely and voluntarily.

_____

PRINTED NAME OF STUDENT **SIGNATURE OF STUDENT** **DATE**

Sport(s) _____ **J#** _____

If 18 years of age or younger, signature of parent/guardian is also required.

_____

SIGNATURE OF PARENT/GUARDIAN **DATE**

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.