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## Concussion Acknowledgement Form

**It is important for parents/guardians and athletes to recognize the signs, symptoms, and behaviors associated with concussions.** By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

### Parent Agreement:

I \_\_\_\_\_ (PRINT NAME) have read the Parent Concussion and Head Injury Information and understand what a concussion is 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 understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

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

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Athlete Agreement:

I \_\_\_\_\_ (PRINT NAME) have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardians. I 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/athletic trainer before returning to practice/play.

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

Signature of Student-Athlete \_\_\_\_\_ Date \_\_\_\_\_