Gfeller-Waller NCHSAA School & Athletic Personnel Concussion Statement Form

Please initial beside each statement, indicating that you have read and understand the following information *

Initial Here	
	A concussion is a brain injury.
	A concussion can affect a student-athlete's ability to perform everyday activities, their ability to think, their balance and their classroom performance.
	I realize I cannot see a concussion, but I might notice some of the signs of a concussion in a student-athlete right away. However, other signs/symptoms can show-up hours or days after the injury
	If I suspect a student-athlete has a concussion, I am responsible for removing them from the activity and referring them to a medical professional trained in concussion management.
	I will not allow any student-athlete to return to play or practice if I suspect that he or she has received a blow to the head or body that resulted in signs or symptoms consistent with a concussion.
	I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day.
	I acknowledge that student-athletes must receive written clearance from a medical professional, trained in concussion management, in order to return to play or practice after a concussion.
	I acknowledge that following concussion, the brain needs time to heal. I understand that student-athletes are more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.
	In rare cases, repeat concussions can cause serious and long-lasting problems.
	I have read the Concussion Information Sheet including, but not limited, to the signs and symptoms of a concussion.

I Am A(n): *(please circle)* **Athletic Director** **Coach** **Athletic Trainer** **First Responder** **School Nurse** **Volunteer**

By signing below, I agree that I have read the NCHSAA School and Athletic Personnel Concussion Statement Form and have signaled my understanding by initialing appropriately beside each statement.

_____ _____

Signature Date

_____

Please Print Name