

SPORT CONCUSSION FORM

Wis. State Statute: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

PARENT & ATHLETE AGREEMENT: As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of 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. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

Parent Agreement

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

Parent/Guardian Signature: _____ Date: _____

Athlete Agreement

- I _____ have **read** the Athlete 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/guardian.
- 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 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.

Athlete Signature: _____ Date: _____

Athlete Name: _____ County: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____ Age: _____

School: Williams Bay High School School District: Williams Bay School District

Have you ever had a concussion? _____ if yes, how many? _____ Have you ever experienced concussion symptoms? _____ Did you report them? _____

• Emergency Contact: _____ Relationship: _____ Phone: _____

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I participate in:

- | | | | | | |
|--|--|--|--|--|--|
| <p>FALL SPORT</p> <input type="checkbox"/> Cheerleading
<input type="checkbox"/> Cross Country
<input type="checkbox"/> Golf (G)
<input type="checkbox"/> Football | <p>SPORT</p> <input type="checkbox"/> Soccer (B)
<input type="checkbox"/> Swimming (G)
<input type="checkbox"/> Tennis (G)
<input type="checkbox"/> Volleyball | <p>WINTER SPORT</p> <input type="checkbox"/> Basketball
<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Dance
<input type="checkbox"/> Gymnastics | <p>SPORT</p> <input type="checkbox"/> Skiing
<input type="checkbox"/> Swimming (B)
<input type="checkbox"/> Wrestling | <p>SPRING SPORT</p> <input type="checkbox"/> Baseball
<input type="checkbox"/> Golf (B0)
<input type="checkbox"/> Soccer (G)
<input type="checkbox"/> Softball | <p>OTHER</p> <input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|--|--|--|--|--|--|

