

Mild Traumatic Brain Injury (MTBI)/Concussion Annual Statement and Acknowledgement Form for Student-Athletes

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the appropriate school staff (e.g., coaches, athletic training staff, school nurse). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I/we acknowledge that:

- My school has provided me with specific educational materials including the CDC Concussion Fact Sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) regarding what a concussion is as well as the signs and symptoms of one.
- I/we have fully disclosed to the school medical staff any prior mild traumatic brain injuries (MTBI)/concussions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I/we am/are responsible for reporting to the coach, athletic trainer, school nurse or other appropriate school medical staff member.
- A concussion can affect my ability to perform everyday activities and affect my reaction time, balance, sleep and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I will make every effort to report the injury to the appropriate school staff and/or school medical staff member.
- 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.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- I understand return to play following a head injury requires following a graduated return to play protocol.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student-athlete must print his/her name and sign and date below:

Printed Name: _____

Signature: _____

Date: _____

Parent/guardian must print his/her name and sign and date below:

Printed Name: _____

Signature: _____

Date: _____