

Ourdes Academy

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 and the responsibility that comes with recognizing a possible concussion.

Parent Agreement:

I _____ have **read** the "Parent" informational sheet on concussions and head injuries. I **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 inform the coach and the athletic trainer if I suspect that my child has suffered a concussion.

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]y severe consequences of my child returning to 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, my parents/guardian, and my athletic trainer.

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 possibly severe consequence of returning to play too soon and that my brain needs time to heal.

Athlete

Signature _____ Date _____

Sport/team participating on _____