

# HEAD INJURY/CONCUSSION ACKNOWLEDGEMENT FORM

## GROSS CATHOLIC HIGH SCHOOL

I understand there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have been provided with the *Parent and Student Athlete Concussion Information and Fact Sheet* and understand the importance of reporting a head injury and/or concussion to parents, coaches and athletic training staff.

After reading the *Parent and Student Athlete Concussion Information and Fact Sheet*, I am aware of the following information:

- A concussion is a brain injury, which I am responsible for reporting;
- A concussion can affect one's ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance;
- A student athlete will not be allowed to return to a game or practice until cleared by a Licensed Health Care Professional;
- Following a concussion, the brain needs time to heal. There is an increased likelihood for a repeat concussion if the individual returns to play before symptoms have resolved;
- In certain instances, repeat concussion can cause permanent brain damage, even death; and
- At any point following a suspected concussion, any of the following individuals reserves the right to voice concern for the safety of a student athlete and prohibit him or her from returning to play: *physician, coach, student athlete, athletic trainer, and parent.*

***By signing below, I understand the importance of the statements above. I further understand that I will not be allowed to participate in athletics until this form is signed by a parent/guardian & student athlete.***

***I hereby attest that I have read, fully understand, and will abide by the above statements.***

***Student Athlete Name*** \_\_\_\_\_

***Sport(s)*** \_\_\_\_\_

***Student Athlete Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Parent/Guardian Signature (required)*** \_\_\_\_\_ ***Date*** \_\_\_\_\_