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| For official use only: Name of Athlete _____ Sport/season _____ Date Received _____ |
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**Concussion Awareness
Parent/Student-Athlete Acknowledgement Statement**

I _____, the parent/guardian of _____,
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian _____ Parent/Guardian _____ Date _____
PRINT NAME SIGNATURE

Student Athlete _____ Student Athlete _____ Date _____
PRINT NAME SIGNATURE

It's better to miss one game than the whole season.

For more information visit: www.cdc.gov/Concussion.



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PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student Information

Name: _____

Grade: _____

Sport(s): _____

Home Address: _____

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances: _____

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: _____

Parent/Guardian: Name: _____ (Please print)

Signature/Date _____

Student Athlete: Signature/Date _____