



## Parent/Guardian Student-Athlete Concussion Statement 2.0

**\_\_\_ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.**

**\_\_\_ I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:**

Parent/Guardian Initial Each Line

\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.

\_\_\_ A concussion can affect my (child's) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

\_\_\_ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_ If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.

\_\_\_ I (My child) 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.

\_\_\_ Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even death.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Student

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

