

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.

Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information and 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 seek medical treatment if a suspected concussion is reported to me.

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 consequences of my child returning to practice/play too soon.

Parent/Guardian _____ 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 and my parents/guardian.

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.

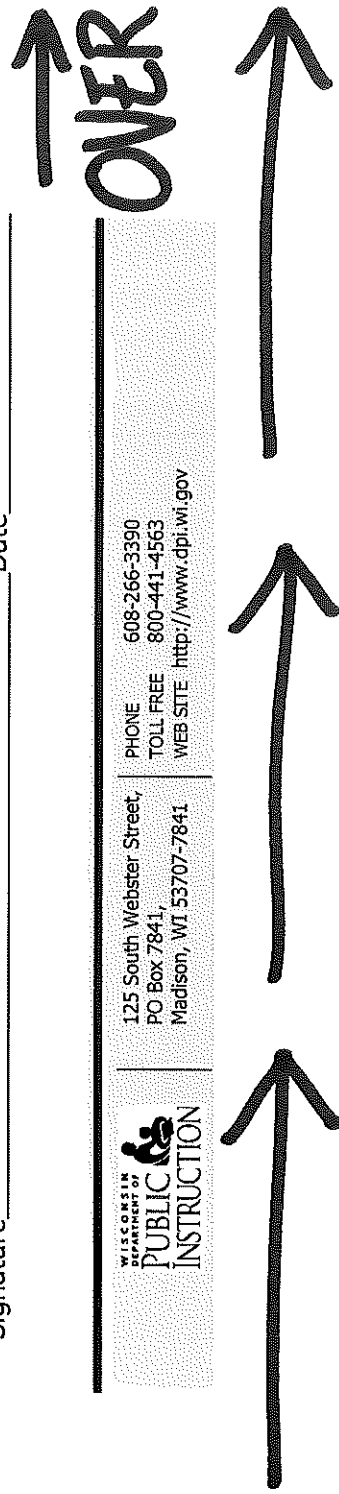
I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete _____ Date _____



125 South Webster Street,
PO Box 7841,
Madison, WI 53707-7841

PHONE 608-266-3390
TOLL FREE 800-441-4563
WEB SITE <http://www.dpi.wi.gov>



Questions and Contact Information

Name _____ Date _____
Address _____
City _____ Zip _____ County _____
Phone _____ Email _____
Age _____ School _____ School District _____

Check all that apply
I participate in:

- Football
- Soccer
- Track & Field
- Gymnastics
- Other _____
- Baseball/Softball
- Golf
- Cross Country
- Tennis
- Basketball
- Volleyball
- Cheerleading
- Swimming & Diving
- Hockey
- Wrestling
- Skiing/Snowboarding

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____
Phone Number: _____
Name: _____ Relationship: _____
Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.

