

## Parent and Athlete Understanding and Agreement

_____ <b>Name</b>	_____ <b>Team</b>
_____ <b>Phone</b>	_____ <b>E-mail</b>
_____ <b>AHC#</b>	_____ <b>Family Physician</b>

Please have both parent and athlete initial the following to ensure your understanding.

\_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my team trainer/physician, my coach and/or my parents.

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

\_\_\_\_\_ I cannot see a concussion, but I might notice symptoms right away. Other symptoms may show up hours or days after injury.

\_\_\_\_\_ If I suspect a teammate has a concussion, I will report it to my team trainer or coach.

\_\_\_\_\_ I will not return to play in a game or practice if I have received a hit to the head or body that makes me experience any of the signs or symptoms of a concussion.

\_\_\_\_\_ A concussion can occur at any time. I understand that I do not have to get “knocked-out” to have a concussion and that “getting dinged” can be just as serious.

\_\_\_\_\_ Following a concussion the brain needs time to heal. I understand that I am much more likely to have another concussion if I go back to play before my symptoms are gone.

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

I have read the **entire** Concussion information package including:

- The Concussion Management Program
- The Concussion Information Sheet
- The Athlete Understanding and Consent Form

I give Competitive Edge permission to conduct baseline concussion testing. In the event of a concussion I will comply with the return to play process found in my Concussion Management Protocol.

I give Competitive Edge permission to inform my family doctor that I have had baseline testing done.

I give Competitive Edge permission to collaborate with allied health professionals and coaching staff who have a direct interest in my health and wellness. I understand that I can revoke this permission at any time in writing.

_____ <b>Athlete’s Signature</b>	_____ <b>Date</b>	_____ <b>Parent’s Signature</b>	_____ <b>Date</b>
_____ <b>Athlete’s Printed Name</b>	_____ <b>Date</b>	_____ <b>Parent’s Printed Name</b>	_____ <b>Date</b>

