



PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest (SCA). 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, head injury or sudden cardiac arrest.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury and Sudden Cardiac Arrest Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion and SCA. I agree that my child must be removed from practice/play if a concussion or SCA are suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion or SCA are 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 Signature _____

_____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury and Sudden Cardiac Arrest Information (SCA) and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion and SCA.

I understand the importance of reporting a suspected concussion or SCA symptoms to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion or SCA are 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/body needs time to heal.

Athlete Signature _____ Date _____