



CONCUSSION WAIVER

STUDENT NAME: _____
GRADE: _____ SPORT: _____

Parent & Student Initials

_____ A concussion is a brain injury, which must be reported to parents, coaches, and medical professional.

_____ A concussion can affect the ability to perform everyday tasks such as the ability to think, balance, and perform in the classroom.

_____ A concussion cannot be “seen.” Some symptoms might be present right away, while other symptoms appear hours or days after the injury.

_____ I will tell my parents, coach, and/or a medical professional about my injuries and illnesses.

_____ If I think a teammate has a concussion, I agree to tell my parents, coaches, and/or medical professional.

_____ I will not return to play in a game or practice if a hit to my head or body causes any concussion related symptoms.

_____ I agree that I will provide written permission from a medical professional for my child to return to play or practice after a concussion.

_____ I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play occurs before concussion symptoms go away.

_____ Sometimes repeated concussions can cause serious and long-lasting problems.

_____ I have read the concussion symptoms on the Parent/Athlete Concussion fact sheet.