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
Signature_____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
Signature_____Date_____

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
125 South Webster Street
P.O. 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:

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

O Other_____

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.