



# **Lake Country School PARENT & ATHLETE CONCUSSION 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. *This form must be completed for every student-athlete prior to participation in an athletic activity.*

## **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 \_\_\_\_\_