

Greenville County Schools

Athlete/Parent Concussion Statement

PARENTS AND ATHLETE please initial in each box

Parent Athlete

- I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer.
- I have read and understand the *CDC Concussion Fact* sheet for parents.
- I have read and understand the *CDC Concussion Fact* sheet for athletes.

After reading the Concussion fact sheet, I am aware of the following information:

- A concussion is a brain injury that I am responsible for reporting to my athletic trainer, physician, or coach.
- A concussion can affect everyday activities, athletic performance balance, sleep, reaction time, and classroom performance.
- If I suspect a teammate has a concussion I am responsible for reporting the injury to my athletic trainer.
- I will not return to activity on the same day if I have received a blow to the head or body that results in concussion related symptoms.
- Following a concussion the brain needs time to heal. You are much more likely to have another concussion if you return to play prior to your symptoms resolving.
- In rare cases, repeat concussions can cause permanent brain damage or even death.
- I understand that physician clearance, and completion of *Return-to-Play Protocol* must be completed before an athlete returns to full participation.

Student Athlete Signature

Parent Signature

Date

Printed Name of Student

Printed Name of Parent