



**ERIN SCHOOL**  
 6901 County Trunk O  
 Hartford, Wisconsin 53027-9796  
 Phone (262) 673-3720 Fax (262) 673-2659

# 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.

For more information regarding concussions, visit the WIAA website at <http://www.wiaawi.org/Health/Concussions.aspx> a link can also be found on the Athletics page of our website.

## 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 \_\_\_\_\_

Sport participating in \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_  
 List Concussion Dates (Est) \_\_\_\_\_

2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them \_\_\_\_\_