

Concussion Agreement – Athletes 18 years and older

As an Athlete, it is important to recognize the signs, symptoms, and consequences 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.

Athlete Agreement

I, _____ have **read** the Concussion Information
(Athlete's Name)

Handout and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches or the team therapists or doctors if they are present at the time of injury.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must see a doctor (or another health care provider) who can examine me for a concussion and I must get a note or letter from them saying it is safe to return to practice and games. The letter or note must be given to my coach or the league.

I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal. I understand the importance of adhering to recommendations for a graded stepwise return to play.

Athlete's
Signature _____ Date _____