

## Concussion Agreement – University Athletes

**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 which are namely referred to in the Concussion Information Handout provided to me.

### Athlete Agreement

I, \_\_\_\_\_ have **read** the Concussion Information  
(Student-Athlete's Name)

Handout and **understand** what a concussion is, its cause and its consequences on my physical and mental condition.

I understand the importance of reporting the occurrence of any sign of concussion to the team therapists or doctor(s). Accordingly, I understand that I must be removed from practice/play if any sign of a concussion is suspected. I understand that I will not return to practice/play until I have been cleared by the team therapists or doctor(s).

I understand that a premature return to practice/play may have serious consequences on my physical and mental health. As such, I understand the importance of following a graded stepwise return to sport further to the instructions of the team therapists or doctor(s) and upon my coach's recommendations.

I agree that I should return to full academic (school) requirements and be able to perform at my pre-concussion levels in school **before** considering any form of return to sports.

Athlete's  
Signature \_\_\_\_\_ Date \_\_\_\_\_