

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 _____