

Concussion Agreement – University Coach

As a Coach, 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 referred to in the Concussion Information Handout that was provided to you.

Coach's Agreement:

I _____ have **read** the Concussion Information
(Coach's name)

Handout and **understand** what a concussion is, its cause and its consequences on the physical and mental condition of the athlete. I also understand its common signs, symptoms, and behaviors.

I agree that any of my athletes **must be removed from practice/play if any symptoms or signs of a concussion are suspected.**

I understand that it is my responsibility to inform the team therapists or doctors if any athlete reports any suspected symptoms or signs of a concussion to me, or I notice any possible concussion signs or behaviors in any of my athletes.

I understand that my athlete cannot return to practice/play until being cleared by the team therapists or doctor(s).

I understand that a premature return to practice/play may have serious consequences on the physical and mental health of the athlete. As such, I understand the importance of adhering to recommendations for a graded stepwise return to play under the guidance of the team therapists or doctor(s).

I agree that a concussed student athlete should return to full academic (school) requirements and be able to perform at his/her pre-concussion levels in school **before** considering any form of return to their sport.

Coach's
Signature _____ Date _____