

Items marked with an asterisk (*) are required.

PARENTS AND ATHLETE please initial in each box

	Parent	Athlete
* I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer.	<input type="checkbox"/>	<input type="checkbox"/>
* I have read and understand the CDC Concussion Fact sheet for parents.	<input type="checkbox"/>	<input type="checkbox"/>
* I have read and understand the CDC Concussion Fact sheet for athletes.	<input type="checkbox"/>	<input type="checkbox"/>

After reading the Concussion fact sheet, I am aware of the following information:

	Parent	Athlete
* A concussion is a brain injury that I am responsible for reporting to my athletic trainer, physician, or coach.	<input type="checkbox"/>	<input type="checkbox"/>
* A concussion can affect everyday activities, athletic performance balance, sleep, reaction time, and classroom performance.	<input type="checkbox"/>	<input type="checkbox"/>
* If I suspect a teammate has a concussion I am responsible for reporting the injury to my athletic trainer.	<input type="checkbox"/>	<input type="checkbox"/>
* I will not return to activity on the same day if I have received a blow to the head or body that results in concussion related symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
* Following a concussion the brain needs time to heal. You are much more likely to have another concussion if you return to play prior to your symptoms resolving.	<input type="checkbox"/>	<input type="checkbox"/>
* In rare cases, repeat concussions can cause permanent brain damage or even death.	<input type="checkbox"/>	<input type="checkbox"/>
* I understand that physician clearance, and completion of Return-to-Play Protocol must be completed before an athlete returns to full participation.	<input type="checkbox"/>	<input type="checkbox"/>

Signatures

Student Athlete

Print Name: _____

Signature: _____

Date: _____

Parent / Guardian

Print Name: _____

Signature: _____

Date: _____

My clicking on the Sign & Submit Form button below is my signature and indicates that to the best of my knowledge, my answers and information provided to the above questions are complete and correct. I understand that the information about my account that I have provided on this form may be used for analytical and research purposes anonymously (without any personally identifying information). I consent to the access and use of this data by Tennessee Secondary School Athletic Association, the Putnam County, PlanetHS, LLC.