

# Greenville County Schools

## Athlete/Parent Concussion Statement

PARENTS AND ATHLETE please initial in each box

Parent Athlete

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 <i>CDC Concussion Fact</i> sheet for parents.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I have read and understand the <i>CDC Concussion Fact</i> sheet for athletes.                          |

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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 <i>Return-to-Play Protocol</i> must be completed before an athlete returns to full participation.       |

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent