

Westside High School Head Injury/Concussion Acknowledgement Form

I understand that there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have been provided with the Westside High School Athletics Concussion Management Protocol and understand the importance of reporting a head injury and/or concussion. I am aware of the following information:

- A concussion is a diagnosable brain injury, which I am responsible for reporting to the coach.
- A concussion can affect one's ability to perform everyday activities and/or affect reaction time, balance, sleep quality, and classroom performance.
- During recovery from a diagnosed or suspected concussion, a student is allowed academic accommodations (Return to Learn protocol). Specific accommodations may be provided to the school by the student-athlete's medical provider. Return to Learn is completed prior to any physical activity.
- There may be a period of days following a suspected/diagnosed concussion and the conclusion of Return to Learn protocol that a student may have imposed physical restrictions and/or may be excluded from practice/games (Return to Play protocol).
- A student-athlete with a suspected or diagnosed concussion will not be permitted to return to any school supervised athletic activities (games, practices, physical education) until evaluated by a licensed healthcare professional trained in evaluation and management of traumatic brain injuries **and** written consent to resume participation in the sport is obtained from that licensed healthcare provider **and** the student's parent/guardian.
- Following a concussion, the brain needs time to heal. There is an increased likelihood for a repeat concussion if an individual returns to play before symptoms have resolved. In certain instances, repeat concussion can cause permanent brain damage, even death.
- At any point following a suspected concussion, any of the following individuals reserves the right to voice concern for the safety of a student-athlete and prohibit them from returning to play:
 - Athletic Trainer - Licensed Healthcare Professional
 - Coach - Parent
 - Student-Athlete - EMT

By signing below, I understand the importance of the statements above and have asked all questions regarding the above statements. I further understand that I will not be allowed to participate in Westside High School Athletics until a parent/guardian signs this form.

I hereby attest that I have read, fully understand, and will abide by the above statements.

Student-Athlete Name

Sport(s)

Student-Athlete Signature

Date

Parent/Guardian Signature (REQUIRED)

Date

Please sign this page and return with all other required forms.