

CAMPBELL COUNTY SCHOOLS

Acknowledgement of the Health Effects of Concussions

Parent/Guardian Acknowledgement

I have received, reviewed and understand the concussion information on the “Heads-Up” handout that was given to me. I acknowledge that if my child is suspected of sustaining a concussion, he/she must obtain clearance from an independent licensed health care provider before being allowed to play again.

Parent/Guardian Signature

Date

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Student-Athlete Acknowledgement

I have received, reviewed and understand the concussion information on the “Heads-Up” handout that was given to me. I will be truthful with my coaches and medical staff when reporting injuries, including head injuries.

Student-Athlete Printed Name

Date

Student-Athlete Signature

Return this form, along with your physical to your Coach, Athletic Trainer, or Administrator. **You will not be able to play until this form and the physical are completed.**