

Acknowledgement of the Health Effects of Concussions

Parent/Guardian Acknowledgement

I have read and understand the concussion information on the "Heads-Up" handout that was given to me. I promise to seek help from an appropriate healthcare professional if I suspect that my child has sustained a concussion or is showing signs or symptoms of a concussion.

Parent Name (Printed)

Parent Signature

Date

Student Athlete Acknowledgement

I have read and understand the concussion information on the "Heads-Up" handout that was given to me. I promise to seek help from an appropriate medical professional if I suspect that I have sustained a head injury. I will be truthful with my coaches and medical staff when reporting injuries, including head injuries. It is better to miss one game than the whole season.

Student-Athlete Name (Printed)

Student-Athlete Signature

Date

Please return this form along with your physical to your Coach, Athletic Trainer, or Administrator. Per the Lynchburg City Schools Concussion Policy, you will not be able to play until this form and the physical are completed.