

UHSAA Sports Concussion Management Plan

(Adopted by Board of Trustees 8/26/2010)

APPENDIX A: Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, _____ of _____ High School
Student/Athlete Name School

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

signature and printed name of student/athlete

Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

signature and printed name of parent/guardian

Date

Participant and Parent Information instructions

Students and Parents are required each year to review and sign this concussion Management form prior to the beginning of an individual sports season. Students not returning signed forms are not eligible to participate in the sports team.

1. Review the Fact Sheet "Heads Up-Concussion in high school sports" for **Athletes**.
2. Review the Fact Sheet "Heads Up-Concussion in high school sports" for **Parents**.
3. **Watch the Video "Brandon's story—Video on Concussion"** which can be located at http://www.cdc.gov/TraumaticBrainInjury/CTK_Video_WM_BB.html
4. Return the form "**Participant and Parental Disclosure and Consent Document**".