

# Gfeller-Waller NCHSAA School & Athletic Personnel Concussion Statement Form

**\*\*Please initial beside each statement, indicating that you have read and understand the following\*\* information**

Initial  
Here

	A concussion is a brain injury.
	A concussion can affect a student-athlete's ability to perform everyday activities, their ability to think, their balance and their classroom performance.
	I realize I cannot see a concussion, but I might notice some of the signs of a concussion in a student-athlete right away. However, other signs/symptoms can show-up hours or days after the injury.
	If I suspect a student-athlete has a concussion, I am responsible for removing them from the activity and referring them to a medical professional trained in concussion management.
	I will not allow any student-athlete to return to play or practice if I suspect that he or she has received a blow to the head or body that resulted in signs or symptoms consistent with a concussion.
	I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day.
	I acknowledge that student-athletes must receive written clearance from a medical professional, trained in concussion management, in order to return to play or practice after a concussion.
	I acknowledge that following concussion, the brain needs time to heal. I understand that student-athletes are more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.
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	In rare cases, repeat concussions can cause serious and long-lasting problems.
	I have read the Concussion Information Sheet including, but not limited, to the signs and symptoms of a concussion.

I Am A(n):      **Athletic**      **Coach**      **Athletic**      **First**      **School**      **Volunteer**  
 (please      **Director**           **Trainer**      **Responder**      **Nurse**  
 circle)

**By signing below, I agree that I have read the NCHSAA School and Athletic Personnel Concussion Statement Form and have signaled my understanding by initialing appropriately beside each statement.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_