

## Concussion Acknowledgement Form

I, \_\_\_\_\_, acknowledge that I have to be an active participant in my own healthcare. As such, I have direct responsibility for reporting all of my injuries and illnesses to a trainer or my coaches. I recognize that my true physical condition is dependent on a full disclosure of any symptoms, complaints, prior injuries, and/or disabilities experience.

I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have been provided an informational packet on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to my coaches or a trainer if available.

By signing below, I acknowledge, as well as my parents, that my school district has provided me with specific educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue.

I, \_\_\_\_\_, have read the above and agree that the statements are accurate.

\_\_\_\_\_  
***Signature of student-athlete***

\_\_\_\_\_  
Date

\_\_\_\_\_  
***Signature of parent***

\_\_\_\_\_  
Date

Additional concussion information is available at [www.wiaawi.org](http://www.wiaawi.org). The information in this packet was taken from suggestions by the WIAA.