

Spartanburg School District Two (SSD2)
Athlete/Parent Concussion Statement

PARENTS AND ATHLETE please initial in each box

Parent Athlete

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I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer.

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I have read and understand the CDC Concussion Fact sheet for parents.

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I have read and understand the CDC Concussion Fact sheet for athletes.

After reading the Concussion fact sheet, I am aware of the following information:

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A concussion is a brain injury that I am responsible for reporting to my athletic trainer, physician, or coach.

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A concussion can affect everyday activities, athletic performance, balance, sleep, reaction time, and classroom performance.

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If I suspect a teammate has a concussion, I am responsible for reporting the injury to my athletic trainer.

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I will not return to activity on the same day if I have received a blow to the head or body that results in concussion related symptoms.

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Following a concussion, the brain needs time to heal. You are much more likely to have another concussion if you return to play prior to your symptoms resolving.

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In rare cases, repeat concussions can cause permanent brain damage or even death.

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I understand that physician clearance, and completion of Return to Play Protocol, must be completed before an athlete returns to full participation.

Student Athlete Signature

Parent Signature

Date

Printed Name of Student

Printed Name of Parent