



PARENT & ATHLETE AGREEMENT

Related to Concussion Law WI Stat. 118.293

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).

Parent Agreement:
have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child mubbe removed from practice/play if a concussion is suspected.
I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.
I understand that my child cannot return to practice/play until providing written clearanc from an appropriate health care provider to his/her coach.
I understand the possible consequences of my child returning to practice/play too soon
Parent/Guardian SignatureDate
Athlete Agreement:
have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.
I understand the importance of reporting a suspected concussion to my coaches and mparents/guardian.
I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provid to my coach before returning to practice/play.
I understand the possible consequence of returning to practice/play too soon and that r brain needs time to heal.
Athlete SignatureDate



PHONE 608-266-3390

TOLL FREE 800-441-4563

WEB SITE http://www.dpi.wi.gov



Questions and Contact Information

Related to Concussion Law WI Stat. 118.293

Name			Date	
Address				
City		Zip	County	
Phone	E	Email		
AgeSchool		School District		
Check all that app I participate in:	oly			
O Soccer O Track & Field O Gymnastics	O Baseball/Softball O Golf O Cross Country O Tennis	O Volleyball O Cheerleading	O Wrestling O Skiing/Snowboarding	
Name of Current 1	Геат <u></u>			
1. Have you ever had a concussion?, if yes, how many		w many?		
2. Have you ever e	xperienced concussion	symptoms?[Did you report them?	
Emergency Conta	cts:			
Name:		_ Relationship:		
Phone Number: _				
Name:		_ Relationship:		
Phone Number: _				
Please complete t	his form and return to	o the person opera	iting the youth athletic	

activity.