



CONCUSSION WAIVER

Please review and discuss this information regarding concussions with your child.

Signatures are required below from you and your child and this form should be submitted prior to the first game. Any questions, please contact our office at 414-329-5370.

PARENT/ATHLETE CONCUSSION INFORMATION SHEET

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, bolt, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs observed by coaching staff: appears dazed or stunned, confused about instruction, answers questions slowly, can't recall events prior to hit/fall.

Signs reported by athletes: headache, nausea, vomiting, sensitivity to light/noise, confusion.

CONCUSSION DANGER SIGNS:

- One pupil larger than the other
- Drowsy or cannot be awakened
- Loses consciousness
- Repeated vomiting or nausea
- Headache that does not diminish, gets worse
- Slurred speech

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, he/she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

As a parent/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 completed every sports season and every youth organization the athlete is involved with.

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PARENT AGREEMENT

I 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 must be 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 my child cannot return to practice/play until providing written clearance 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 Name (First & Last) _____

Parent/Guardian Signature _____ Date _____

ATHLETE AGREEMENT

I have read the Athlete 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 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 provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Athlete Name (First & Last) _____

Athlete Signature _____ Date _____

Sport _____

Name of School _____ Grade _____